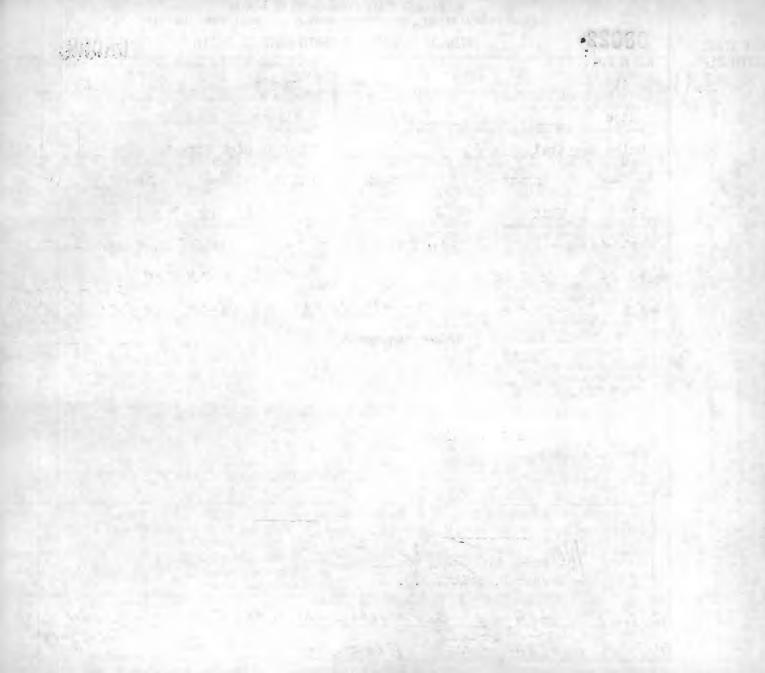
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08022 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY n STATE **b.** COUNTY P.M.3. Page 님 Cecil MARYLAND Maryland Cecil delay i State Department b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) pup E1kton Elkton e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give sfreet address) d STREET ADDRESS farm 241 West High Street YES NO D Union Hospital 24 haurs after death. 3. NAME OF Middle 4 DATE First Lost Month Year DECEASED (Type or print) ALLEN DEATH LONNIE SANFORD June 5 with IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Office alon lost birthday) Months Dovs Hours death. WIDOWED DIVORCED 47 Tand 2 Male White in Item 1 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 72 hours after MECHALIA Examiner's pages 0 be executed within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HANNA .⊑ WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 'pending'' in ef Medical E permit. (Yes, no, or unknown) (If yes give wor or dates of service within 34-12-5480 WWX INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Chief burial-Transit event \ PART I. DEATH WAS CAUSED BY ONSET AND DEATH Lobar Pneumonia IMMEDIATE CAUSE (o) This certificate shauld the ward DUE TO the dny Canditians, if ony, which gove (b) rise to immediate couse (a), 2 DUE TO stating the underlying couse 0 writing t farwarded pup lost SD nsed 19. WAS AUTOPSY PERFORMED? remayal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) **FERTIFICATION** certificate, YES X NO Cirrhosis of Liver pe pe 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 3 should bluods 0 PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While DIRECTOR: Page at work ot work execute and in my apinian 21. I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection Inquiry Natural causes X. Accident Suicide Hamicide Undetermined manner death resulted fram: funeral directar be retained please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X prior SIGNATURE FUNERAL TO DEPUTY 6/6/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Shitz M.W. may Health NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d, LOCATION (City or Town) (County) (State) M 9 B REMOVAL (Specify) LIPIN MAKOR MEAN, FK. XAD CECIL REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08023 08009 CERTIFICATE OF DEATH 24 haurs after death. funeral 1 and deor PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE District of Columbia ely filled in by the function papers. Pages 1 c within 72 haurs after d Cecil MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 Perryville 9 Yrs 8 Mo. Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled VA Hospital, Perry Point, Maryland 348 11th Street, S.E. YES | NO X requires that the death certificate be executed within NAME OF remove carbon First Middle 4. DATE Month Dov Year DECEASED McKINLEY J. ANDERSON (Type or print) DEATH June 10 19 68 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS birthday) Months Haurs any WIDOWED TX DIVORCED 10-2-98 Male Negro pup 10o. USUAL OCCUPATION (Give kind of work done physician and nen please re avoc and in a 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then John I. Anderson Lilla Reynolds IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give war or dates of service 5 577-28-2335 VA Hospital records, Perry Point, Md. Yes crematian, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction CHISET AND DEATH IMMEDIATE CAUSE (o) 4201 DUF TO burial, Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse the hospital ar attending as the priar tak has been ATTENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? Health YES X ND T certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Part I or Port II of item 18.) DR CONTRIBUTING CAUSE OF DEATH To. detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that N (this hospital) attended the deceased from Sept. 30 , 19 57, to June 10, 1967, Mask the park the O HOSPITAL OR ATTEND Page 4 may be retained be filed with the TO FUNERAL DIRECTOR: sound the consistency of the contract of the c 22o, SIGNATURE 22b. DATE SIGNED ATTENDING 6 11 67 M.D. DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS VA Hospital - Perry Point, Md. NAME (Type) BENJ. ROTHFELD, M.D. director, should be 230. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Jown) (State) REMOVAL (Specify) 1310 SADDRESS 4925 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Uzsb. REGISTRAR'S SIGNATURE Ochorles VR A15 (4) 25M 1/67 Washington Funeral Home, Wash., DC

t# V 45. 80 426 - 1 1 1515 MA Light to accompany to the control of . . To provide the second of t the state of the s SY Sung No. 107 Adecou k .) , = B . 48 Many Avenue of 1984 of America, and Target are a market moderations of a series

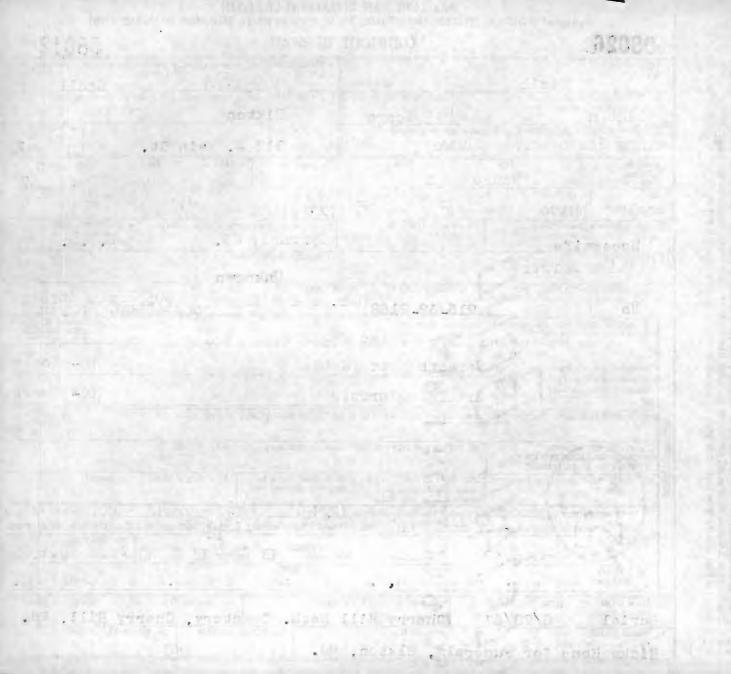
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08024 08010 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH complètely filled in by the funera a. COUNTY a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Port Deposit letime Port Deposit IS RESIDENCE ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 142 N. Main Street 142 N. Main Street NO V YES T 3. NAME OF Middle 4. DATE Year emprescorbon Lost Day DECEASED Robert Barr (Type or print) DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 5. SEX 7. MARRIED B. DATE OF BIRTH AGE (In year) 6. COLOR OR RACE NEVER MARRIED irthday) Manths Days Male AUT) au WIDOWED DIVORCED August 2. 1904 10a, USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT and in COUNTRY? during most at working life, even if retired) INDUSTRY Mantland

14. MOTHER'S MARGEN NAME 13. FATHER'S NAME or removol, Barr duard 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, arynknown) (If yes give war or dates af service) Willard INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o)) (b), and (c). burial-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause os the TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (1) (this haspital) attended the deceased from OCF 10 1957, ta 6-19 196 / that (1) (we) last _19.6.2, and that death accurred at 15 M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. DIRECTOR 22d, ADDRESS 22c. PHYSTCIAN'S H. Richards Port Deposit. NAME (Type) Maruland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Pont 2Sa. REC'D BY REGISTRAR 24. FUNERAC DIRECTOR Natterson &

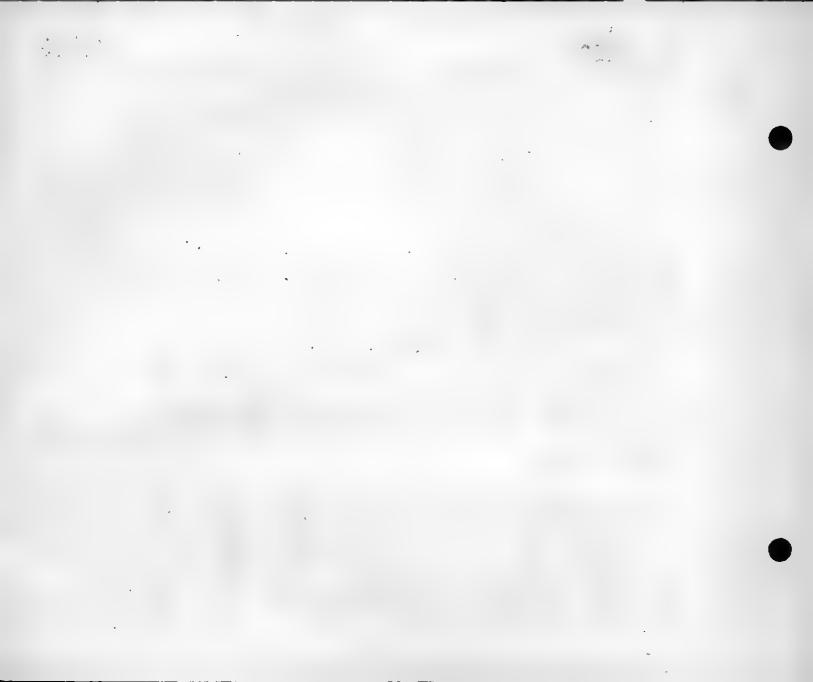
Also beginned 30 Secretary Victoria 1. Accords 04.61 Mell all socie .3 La bor 1, S ANY & Leavent 2 100) BART 100 10 150 10 00 and water publications are a problem to the Alberta The same of the sa So the Recipied for the the state of the country to anythere. 18 Tall is to 22-1997 I diction continue in the inspire, and is the metition and tenguish of mi

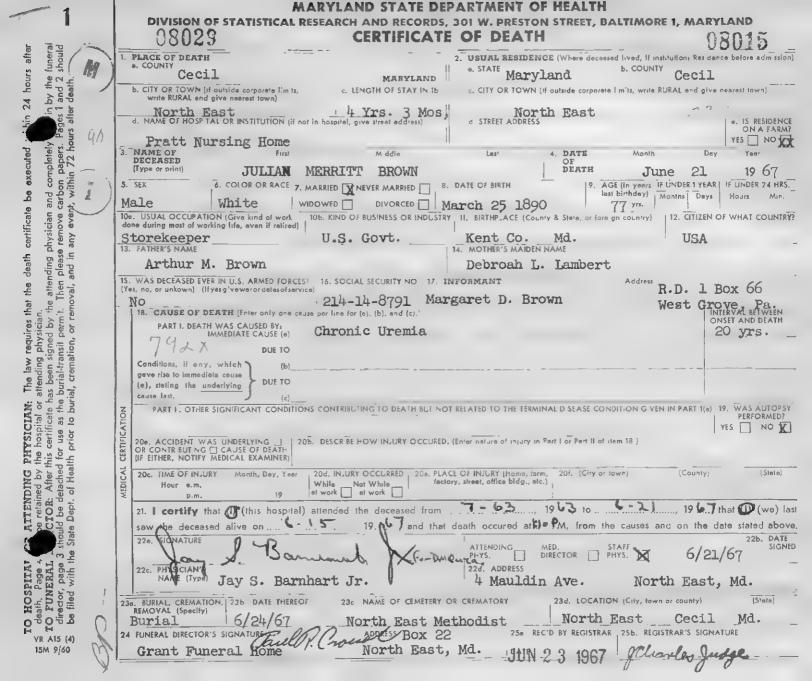
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08026 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Cecil MARYLAND 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Years e. IS RESIDENCE ON A FARM? filled In d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Devine Haven Nursing Home 112 W. Main St. YES NO X within 3. NAME OF Middle 4. DATE Manth First Lost Day Year please remove corban completely DECEASED Maude Boyd June (Type or print) DEATH buriol, cremotian, ar removal, and in any event, be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S SFX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months Hours Doys White Temale WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY GOUNTRY? Tyronne, Md. requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Marker Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Mr. Ralph Boyd (Son) permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 215-32-2168 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p TORISET AND AGAINS Acute Cardiac Failure IMMEDIATE CAUSE (o) DUE TO 10- Years Cardiac: Myocarditis Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending 10# Years as the Arteriosclerosis 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has Heolth r NO X YES . 0 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Not While factory, street, affice bldg., etc.) ot work at work 2). I certify that (I) TIES has pitally attended the deceased from 12/13/ 1967, that (1) (38) last 1900 to 6/24/ saw the deceased alive an 6/24/ 19 67, and that death accurred at 3:30M, fram causes and an the date stated above. 220, SIGNATURE 22b. DATE SIGNED ATTENDING MED.
DIRECTOR STAFF PHYS. June 26, 1967 M.D. director, page 3 should be filed v PHYS. 22d. ADDRESS Johnson M.D. Jame East High St. Elkton Cecil Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION. Cherry Hill Md. 6/28/67 Cherry Hill Meth. Cemetery. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FMNERAL DIRECTOR ADDRESS VR A15 (4) 30 DATE JUN for Funerals. Elkton, Md. 20 M 1/66

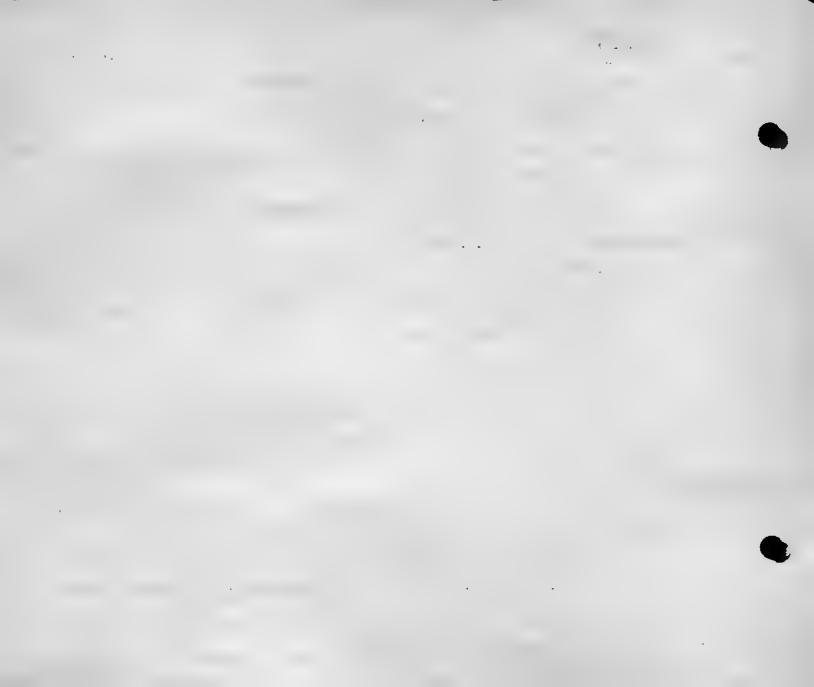


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08027 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH CECIL Ceci1 o STATE Maryland 0 MARYLAND the State Department b CITY OR TOWN (If outside corporate 1 mits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) D.O.A. NORTH EAST ELKTON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? along with form UNION HOSPITAL Cecil Avenue YES NO 💢 be executed within 24 haurs after death 1 "bending" in pencil in Item 18. Give Pages NAME OF M ddle last 4 DATE Month Doy Year DECEASED OF BOYER RAYMOND 6 (Type or print) HERBERT 19 67 DEATH S SEX 8 DATE OF BRIM FUNDER LYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED IN NEVER MARRIED AGE (In years lost, birthdov) Months DIVORCED K White WIDOWED 3 - 14 - 23Office | Male 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in pencil in I Examiner's (Laborer Lumber Maryland USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME event within 72 hours No Info Alice M. Boyer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT 32 Rolling Mill Lane the Chief Medical (Yes, no, or unknown) (If yes give wor or doles of service) Alice B. Weaver 217-26-5053 North East. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic heart disease IMMED ATE CAUSE (o) writing the ward This certif cate shauld DUE TO dny Conditions, if ony, which gove rise to immediate couse (a). farwarded ta ⊑ DIJE TO storing the underlying couse Ö. last. OS (c) 19 WAS AUTOPSY PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) ar removal, PERFORMED? YES X NO the cert ficate, CERT, FICAT. 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Port or Port I of tem 8) 3 shauld PRIMARY Or CONTRIBUTING pluous CAUSE OF DEATH MEDICAL (City or town) 20c TIME OF INJURY Month, Doy Year 20d NouRy OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. factory, street, office bldg. etc.) Not While of work of work please execute 21 I certify that I took charge of the remains described above, held on Autopsy X, Inspection . Inquiry . for and in my opinion DIRECTOR: d.rector. death resulted from Natural causes X. Accident . Suicide , Homicide Indetermined manner be retained CHIEF MEDICAL EXAMINER X prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL I funeral TO DEPUTY 6-7-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health RUSSELL S. FISHER, M.D. Address (Street city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b BURIAL CREMATION. (Stote) 0.0 REMOVAL (Specify)
Burial 6/10/67 North East Methodist North East Md. 250 RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERA DIRECTOR Grant Funeral Home ADDRESS Box 22 Milarles Judge VR A15ME (5) reconorth East, Md. 6M 1/67









MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08030 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 havrs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE P COUNTA Cec 11 MARYLAND Maryland Cecil b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 days Elk Mills Elkton d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) campietel filles d STREET ADDRESS IS RESIDENC ON A FARM? Union Hospital YES NOW NAME OF Middle 4. DATE Doy Year DECEASED ENNOTh ALShee (Type or pont) remove car S SEX IF UNDER YFAR IF UNDER 6 COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours burial, cremation, ar remayal, and in any □ Sept. WIDOWED DIVORCED 1922 Mal e White 106 KIND OF BUSINESS OF TP. 10a. USJAL OCCUPATION (G ve kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT physician a during most of working life even if retired)

Mach. Operator

13. FATHER'S NAME INDUSTRY COUNTRY? Maryland II.S General Cable 14. MOTHER'S MAIDEN NAME e attending phy permit. Then Walter Ernest Charshee Edna Marie Wasserman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SE- URITY NO 17. INFORMANT (Yes, no prunknown) (If yes give wor or dates of service) 213-16-4978 Kenneth E. Charshee, Jr. Elkton, Md. 18. CAUSE OF DEATH (Enter only one cause per Line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. NIERVAL BETWEEN signed by the burial-transit DASET AND DEATH TOMACH ARCINIMA IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital)/attended the deceased fram. O HOSPITAL OR ATTEND Page 4 may be retained and that death occurred at 1/3c/M, fram causes and on the date stated above saw the deceosed alive on 220. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS. M.D. PHYS DIRECTOR 22d 22c PHYSICIAN S m ARYLAND 1 scher BURIAL, CREMATION, REMOVAL (Specity) BULLIBL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOI 23d LOCATION (City or Town) 7/3/67 Gilpin Manor Memorial Park. Elkton 24. FUNERAL DERECTO 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Home Funerals, Elkton, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08031 CERTIFICATE OF DEATH signed by the attending physician and campterely filled in by the funeral burial-transit permit. Then please remove carbay papers. Pages'th-and 2 burial, crematian, ar remaval, and in any event-within 72 hours after death. requires that the death certificate be executed within 24 haurs affer death 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE. Cecil MARYLAND Maryland b CITY OR TOWN (If autside carparate limits, worte RJRAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Days Elkton d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 236 Locust Lane Union Hospital YES NOTES Cecil. County 3 NAME OF M.ddle 4. DATE First Last Manth Dov Year DECEASED Brenda Sue Cooper June (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH AGE (In veors 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost b'rthday) Months I Hours Female White WIDOWED June 23. DIVORCED 10b. KIND OF BUSINESS OR 1), BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) COUNTRY? INDUSTRY Maryland Cecil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clark Nonee Cooper Beatrice June Conley 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 236 Locust Lane ark Cooper (Yes, no. or unknown) (If yes give wor or dates of service Maryland Elkton. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Prematurity IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO far use as the b f Health priar ta b stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Health NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detacher shauld be filed with the State Dept. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (County) (Stote) Haur o.m. factory, street, affice bldg, etc.) Not While of work 19 of work 21. I certify that (I) (this his position) attended the deceased fram 0/23/2 saw the deceased alive an 0/25/2 and that death , 19.67 that (1) (w26) last 19.67. ta 6/25/ saw the deceased alive an and that death accurred at 5 A M, from causes and on the date stated above 22b. DATE SIGNED 220 STGNATURE MED. DIRECTOR STAFF k 6/26/67 M.D 22d. ADDRESS Johnson M.D. NAME (Type) East High St. Elkton. Cecil 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b DATE THEREOF (State) REMOVAL SOM (Y) Gilpin Manor Memorial Park, Elkton. Md. 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO 25a. RECHO BY REGISTRAR Elkton, Md. VR A15 (4) 20 M 1/66 Hicks DATE Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08032 CERTIFICATE OF DEATH within 24 haurs after death by the funeral Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY Cecil Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Perry Point 84 days Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? VA Hospital 319 Woodlawn Road YES T NO XX comparately fr 3. NAME OF First Middle Lost 4 DATE Month Day Year DECEASED (Type or print) Edgar A. C. 19 67 June Curran DEATH requires that the death certificate be executed S SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years F UNDER 24 HRS remove last birthday) Doys Hours Male White and in any WIDOWED | DIVORCED 11/28/90 gud 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please Army Officer (Retired) U.S.Army Battimore - Maryland U. S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal, Stephen H. Curran Margaret O'Connor IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT 214-12-4504 VA Hospital Records, Perry Point, Md. Yes 1B. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) }
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Sudden signed by the burial-transt burial, crema Ventricular fibrillation IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Heart Disease Conditions, if ony, which gove With Myocardial Fibrosis rise to immediate couse (a), DUE TO for use as the little Health priar tail stoting the underlying couse has been Arteriosclerosis, generalized 1051 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Cerebral Arteriosclerosis YES XX NO certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port Is of item 18.) 200 ACC DENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form (City or town) 20c. TIME OF INJURY Month, Doy, Year 20f. (County) (Stote) O FUNERAL DIRECTOR: After this Hour To.m. factory, street, office bldg., etc.) Not While of work of work Page 4 may be retained 220 SIGNATURE 226. DATESIGNED -67 ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S GOLDGRABE NAME (Type) VA Hospital, Perry Point, Md. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE THEREOF (State) Arlington VA Arlington National 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Minneles Ferryville, Md.



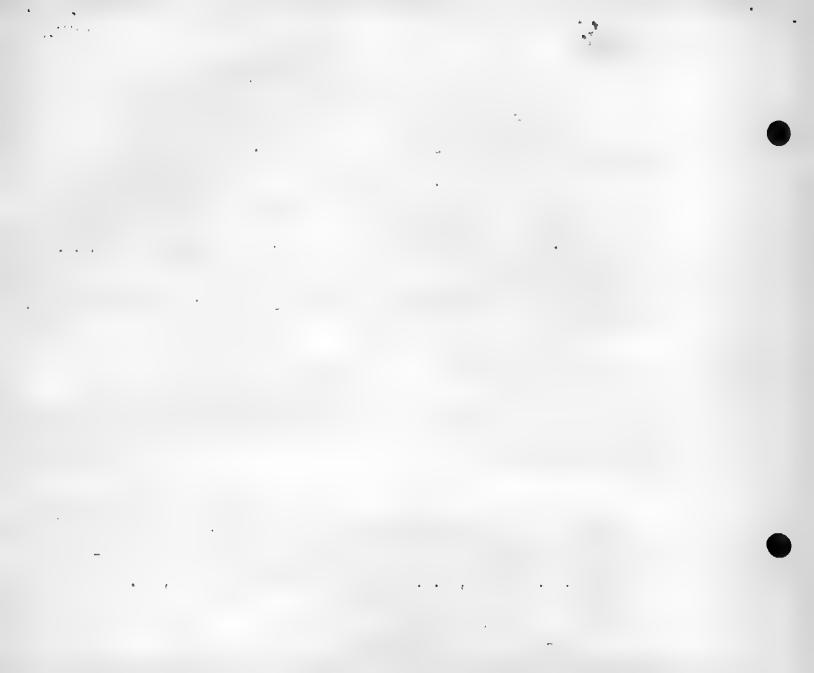
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08033 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND by his (f outside corparate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If guisside corporate limits, write RURAL and a ve nearest town) april give necrest town) filled in [IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS papers YES NO. within NAME OF Middle 4. DATE Yea remave carban Month Day campletely DECEASED OF DEATH event. (Type or print) AGE (In years lost birthday) FUNDER I YEAR S SEX 6 COLOR OR R 7. MARRIED NEVER MARRIED D 8 DATE OF BIRTH IF UNDER 24 HRS Months Days Haurs DIVORCED and in any WIDOWED 10b KIND OF BUSINESS OR BIRTHPLACE (County & Store, or foreign country) 12 CITIZEN OF WHAT 10o USJAL OCCUPATION (Give kind of work done during most of working ife, even if retired) INDUSTRY attending physician sermit Then please 13 FAMILES NAME burial, crematian, ar removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC.AL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Candilians, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse State Dept. of Health priar to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has 20 NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg, etc.) Not While at wark at work <- 16-19 (7) that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from___ director, page 3 should should be filed with the saw the deceased alive on_ 1967, and that death occurred at R. M. fram causes and an the date stated above 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION DATE THEREO (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE Victorias VR A15 (4) 20 M 1/66 ST MA DATIUN



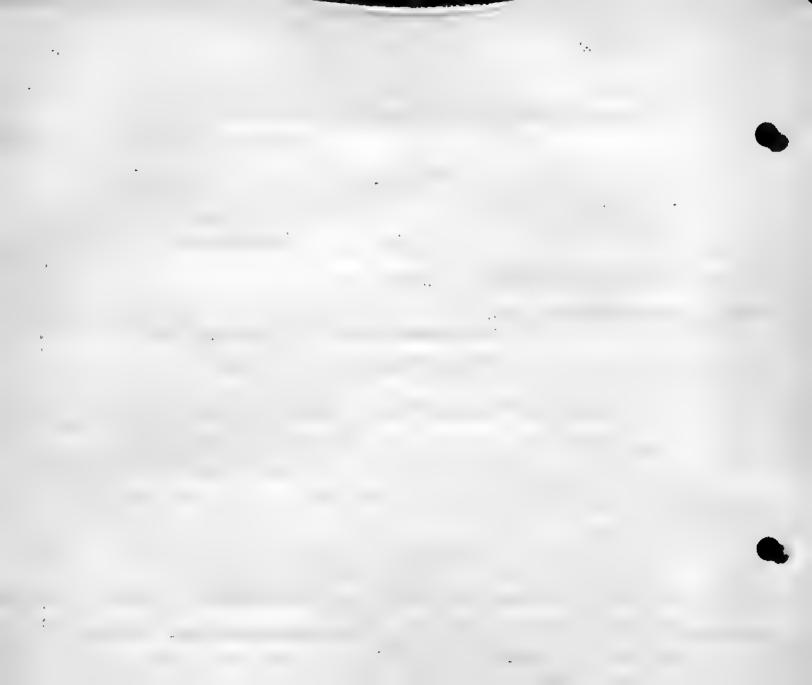
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH o. STATE

08021

08034 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY washington Maryland Cecil MARYLAND illed in by uspopers. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest town)
Perry Point, Maryland Rural Boonsboro 7 years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? Rfd. 1 Veterans Administration Hospital NO K ve carbon event, w t NAME OF First Miridte 4. DATE Lost Month Doy Year DECEASED DEATH JUNE 1967 EDWARD R. DINSMORE (Type or print) S. SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In veors IF JNDER I YEAR IF UNDER 24 HRS **NEVER MARRIED** remoye lost birthdoy) Months Dovs Hours White 4-13-97 Male WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) physicion (INDUSTRY COUNTRY? Farmer (Ret. Farming Hagerstown, Maryland
14. MOTHER'S MAIDEN NAME ILS.A 13. FATHER'S NAME crematian, or removal, William Dinsmore Anna Hamburg permit. The 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, go, or unknown) (If yes give war or dates of service) 217548376 VA Records, VA Hospital, Perry Point, Md. 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit purial, crematic ONSET AND DEATH Heart disease IMMEDIATE CAUSE (o) 5271 DUE TO Conditions, if any, which gove Pulmonary emphysema use to immediate couse (a), DUE TO stoting the underlying couse as the lost 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour om. factory, street, office bldg, etc] Not While While of work of work 1960 to 6-27- 1967 x that the webstest 4-6-21. I certify that (4) (this haspitar) attended the deceased fram_ be retoined director, page 3 should should be filed with the says the other process and on the date stated obove. DIRECTOR: SIGNATURE 22b. DATE SIGNED ATTENDING 6-27-67 DIRECTOR M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS O HOSPITAL FUNERAL NAME (Type) S. A. HEGEDUS, M.D. VAH. Perry Point, Md. 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Washington Md 6-27-67 0 24 FUNERAL DIRECTOR Donald C. Stottlemyer DDRESS
William F. Bast & Sons Booksboro, Maryland 25b. REGISTRAR'S SIGNATURE



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edimission) e. COUNTY Page b. COUNTY director, Pay MARYLAND Department b. CITY OR TOWN (if outside corporeta limits, 4. LENGTH OF STAY IN 15 gutsida corporata limits, writa RURAL and give nearest fown write RURAL and give nearest town death. 6/3 A. NAME OF HOSPITAL OR INSTITUTION (STREET ADDRES ò a. IS RESIDENCE ON A FARM State after refained 3. NAME OF First Middla DATE Month Day Year with the S DECEASED and 3 to the OP (Type or print) DEATH 19 pe p. 6. COLOR OR RAC 5. 5EX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Xem Months Days Hours DIVORCED Pages 1, 2, a M3. Page 5 i and USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY. BIRTHPLACE (State of 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page dona, dáring most of working life, even if retired) 12 18 K permit. File pages 13. FATHER'S NAME 14. MOTHER'S 18. Give in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewerordatecofservice) pue DIXO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN .5 **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil ò Conditions, if any, which cremation, "pending" gave rise to immediate cause Ø Medical Examiner's **DUE TO** 50 (a), stating the underlying used causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY CERTIFICATION burial writing the word "
e Chief Medical Ex
Page 3 should be out, prior to burial, THICH YES 🗍 NO 🄽 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury to Bert 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. MEDICAL Page 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Horse, term. 20f. (City or lown) (County) (State) factory, streat, office blog., etc.) agent, Not While be forwarded to the RAL DIRECTOR: P. at work at work the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MCAL designated death resulted from: Natural causes A Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute t should be for ACTUAL ASSISTANT MEDICAL EXAMINER PUNERAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER IN ò EXAMINER'S NAME (Typa) Address (Street: Cay 16 Health 22s. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 40 POND CEMT STILL POND 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Charles 5M 1/63



DIVISION OF VITAL RECORDS, 30) W PRESTON STREET, BALTIMORE, MARYLAND 21201 08036 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution, Residence before admission) o. COUNTY Cecil filled in by pages rappers. Pages rappers of 12 hours after d o STATE b. COUNTY Penna. MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 1b c CITY OR TOWN (if guitside carparate limits, write RURAL and give negrest fawn) write RUBAL and give nearest town) 9 days mos Maple East Apts B-27 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? Horsham, Penna. VA Hospital YES NO X ban NAME OF Middle 4. DATE campletely 1 Las! Manth Day Year DECEASED Thomas V. ELV June 21 19 67 (Type or print) DEATH S SEX 6. COLOR OR RACE IF JNDER I YEAR 7 MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS NEVER MARRIED remove last birthday) Male White 6 22 14 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ease during most of working life, even if retired)

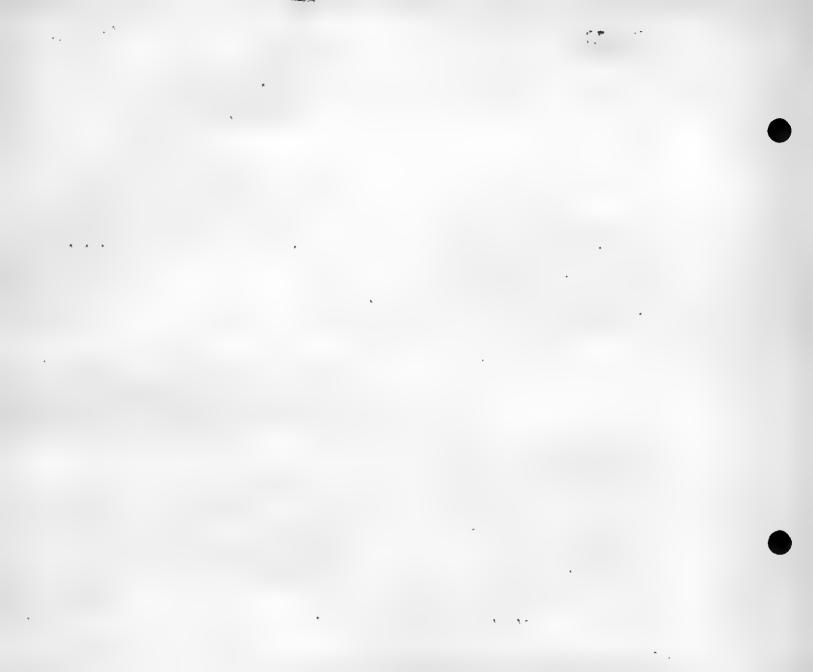
Retired Air Force COUNTRY? **INDUSTRY** signed by the attending physican burial-transit permit. Then please burial, cremation, or removal, and Pottsville, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie McConon Harry WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give war at dates of service) 176 32 45 04 VA Hospital - Perry Point, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Bronchopneumonia, bilateral Conditions, if any, which gave 3 (b) Chronic brain syndrome cause unknown l year nse ta immediate cause (o), DUE TO stating the underlying couse os the prior to b WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) detached far use te Dept. af Health YES T NO 200 ACCIDENT WAS INDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or fown) 20c TIME OF INJURY Manth, Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Nat White at work 21. I certify that (1) (this hospital) attended the deceased from Jan. 13 1967 to June 21 1967 marxixxxxx O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: 22a SIGNATURE 22b. DATE SIGNED 6-22-67 X DIRECTOR M.D r, page be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) A. L. MOONEY, M.D. VA Hospital, Perry Point, Md. directar, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) St. Patricks (emeteru Pottsville. Penna. THE DESCRIPTION Funeral Home ADDRESS Pottsville Page 25b REG STRAR S SIGNATURE VR A15 (4) FOR Lord Funeral Home, 410 W Market St.,



| | MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 30 | EP artment of Health 11 W. Preston Street, Baltimore, Maryi | LAND 21201 |
|---|---|---|--|
| (N_i) | 08037 CERTIFICATI | E OF DEATH | 08024 |
| fer death funeral s 1 and 2 fer death | PLACE OF DEATH a. COUNTY Cecil MARYLAND b. CITY OR TOWN (If gutside corporate limits. L. LENGTH OF STAY IN 16 | 2 USUAL RESIDENCE (Where deceased lived, if institute a. STATE b. COULD b. | Cocil |
| 24-kours after death ed in by the funeral mer. Pages 1 and 172 hours after death | write BURAL and give nearest town) PORT EPOSIT NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) | Pont Deposit | e 15 RESIDENCE ON A FARM? |
| | 90 S. Main Street NAME OF First Middle | 90 S. ain Street | YES NO |
| e executed with and campletely remave carbon n any event, with | DECEASED (Type or print) Olena C | Fisher DEATH June B DATE OF BIRTH 9 AGE (In years | 27 19 67 IF UNDER 1 YEAR MIF UNDER 24 HRS |
| ate be execucion and carease remay and in any e | Female (aus WIDOWED DIVORCED DO USUAL OCCUPATION (G ve kind af work dane luring most af warking te, even if mared) INDUSTRY | March 21, 1876 last b rthday) 91 yrs 11 BIRTHPLACE (County & State ar face on country) | Manths Days Haurs Min 12. CITIZEN OF WHAT COUNTRY? |
| physician of physician of physician of please aval, and it | 3. FATHER'S NAME George (aldwell | Maryland 14 MOTHER'S MAIDEN NAME Sarah J. Brown: | USA |
| at the death certifi the attending phy nsit permit. Then matian, or remava | 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. by unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO W. Earl Fisher, Port Deposit, Maryland. | | |
| physician. signed by burial-tra burial, cre | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO DUE TO DUE TO DUE TO | | |
| AN: The faw re all or attending icate has been for use as the Health prior to | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE CONDITION GIVEN IN PART $1(a)$ | 19 WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} NO \(\begin{array}{c} \end{array} \end{array} |
| PHYSICIAN: ne hospital ar this certificate etached far u Dept. af Heal | OR CONTRIBUTING CAUSE OF DEATH | (Enter nature of injury in Part I ar Part II af item 1B.) | |
| DING PHYS I by the host After this cel I be detache State Dept. | 20c. TIME OF INJURY Manth, Day, Year Haur a.m. pm. 19 While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from | ACE OF INJURY (Hame, farm, trary, street, affice bldg., etc.) 20f. (City ar tawn) | (County) (State) |
| OR ATTENDING be retained by the DIRECTOR: After a ge 3 shauld be d led with the State | sow the deceosed olive on 2 20 SIGNATURE | of deoth occurred of 3 3 M, from couses | and on the date stated above |
| O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should -should be filed with the | 227. PHYSICIAN'S NAME (Type) G. H. Richards Jr. M. D. | D. PHYS. C DIRECTOR PHYS. C 22d. ADDRESS Pont Deposit, Marylan | d. 21904 |
| ro Hospital Page 4 may To Funeral director, page -shauld be fi | 230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMODAL ISDECTIVE TO 1967 West North | noham Cem Colora. Ma | ruland |
| VR A15 (4) | 24 FUNERA DIRECTOR Parterson & Son Perruville | MA DATE DE PREGISTRAP 67 25b. RI | EGISTRAR'S SIGNATURE |

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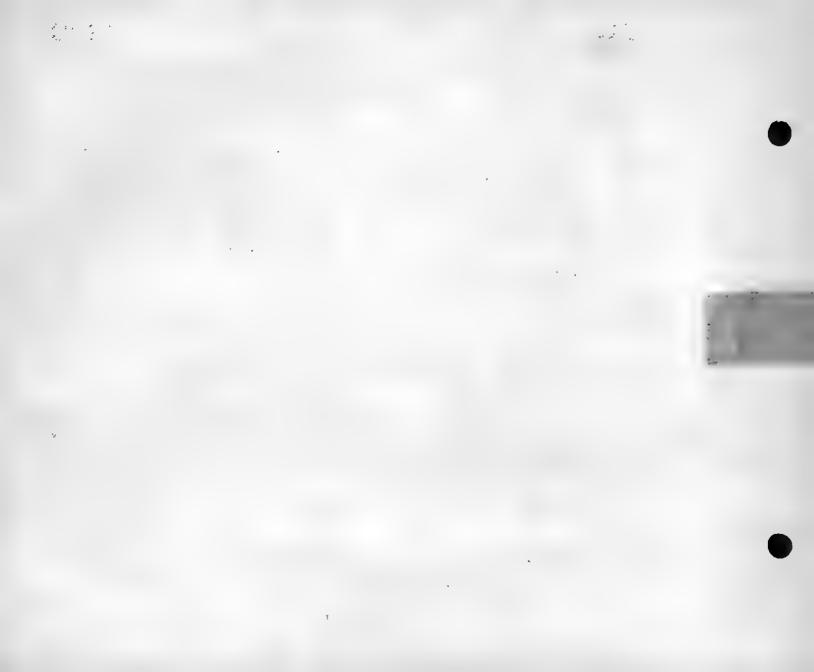
MARYLAND STATE DEPARIMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08038 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY a. COUNTY a. STATE Cecil MARYLAND The law requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside carparate limits, wate, RURAL and give nearest tawn) c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Kennedyville, Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? and in any event, within 72 YES X NO Union Hospital 3 NAME OF Middle 4 DATE First Month Doy Year DECEASED OF DEATH (Type or print) S SEX 6 COLOR OR RACI AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED last birthday) Marths Days Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Farmer. Own Farm Md. 13. FATHER S NAME 14~MOTHER'S MAIDEN NAME burial-transit permit. The burial, crematian, ar remova IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates af service) No. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. LINOMA OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse State Dept, of Health prior to WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES -NO 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Not While at work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased from L 19 30M, fram causes and an the date stated above. I and that death accurred at saw the deceased alive on 22a. SIGNATURE 22b. DATE.SIGNED DIRECTOR M.D. ADDRESS 22c PHYSICIAN TO FUNERAL PEAKER 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BURIAL, CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) Galena Cemetery. June, 14, 1967 Md. Galena, Kent. 256 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08033 08026 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Cecil Cecil MARYLAND by the tr impletely filled in by the ye carbon papers. Pages event, within 72 haurs afti b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Elkton Cecilton. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Union Hospital YES NO T 3. NAME OF First Middle **GATEWOOD**^{pst} 4. DATE Manth Doy Year campletely DECEASED PATTERSON ADA ELIZABETH Tune 22 (Type or print) DEATH 19 67 IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years JF UNDER 1 YEAR **NEVER MARRIED** remayé last birthday) Manths Days Haurs Colored X 61 and in any Female WIDOWED DIVORCED May.6.1906 and 10g USLA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please Housework Home Maryland U.S.A. 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, Gilbert G. Edwards. Mamie Hughes Son. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war ar dates of service Cecilton, Md. 21913 Wallace Gatewood. 218-26-2203 No. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) þ Page 4 may be retained by the haspital or attending physician DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause as the Commelo westing has been last WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION State Dept. of Health NO certificate 草 20g ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH **DIRECTOR:** After this certing a 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) Hour a.m. factory, street, affice bldg, etc.) Not While While at work at wark 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Le 1967 to director, page 3 should should be filed with the 19 67, and that death accurred at 10 FM, fram causes and an the date stated above saw the deceased alive an ____ 22b. DAJE SIGNED 22a SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. prum M.D. PHYS 22d. ADDRESS 22c/PHYSICIAN'S TO FUNERAL ST-ELETON, IND. 05 E. MAN , NAME (Type) ROLANDO NAJERA, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF (County) (State) Bullal (Specify) Cecilton. Cecil. Md. June, 26, 1967 Cecilton Cemetery **ADDRESS** 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 J Millington, Md. 21651 1967 Edward Fellows & Son,



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08040 CERTIFICATE OF DEATH 08027 certificate_be executed within 24 haurs after death. funeral l ord PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Cecil b. COUNTY Maryland Cecil. MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 4 davs Rural, North East d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? within 72 Union Hospital R.D. 1 NO X NAME OF Pan First Middle Last DATE Month Day Year DECEASED OF HARRIETT A. HAMBLETON June 12 67 DEATH S SEX IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Female White WIDOWED DIVORCED July 3, 1896 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) **INDUSTRY** COUNTRY? ond Housewife Caanan N.H. Home USA 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME remayal, phy en r Fred B. Hill Nora Evans IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO R.D. 1 (Yes, go runknown) (If yes give war or dates at service) OF Ernest J. Hambleton None North East. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove use to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending DeuverAL DIRECTOR: After this certificate has been gs PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPS NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18.) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (State) factory, street, office bldg., etc.) Not While of work of work 21 I certify that (1) (this haspital) attended the deceased from 5 June, 1967, to 12 June, 1967, that (1) (we) fast saw the deceased alive an 12 June, 1967, and that death accurred at 2 P. M, from causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED directar, page 3 shavid be filed v M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN S O HOSPITAL AUS H. HUEBNER NAME (Type) NORTH EAST. 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, 23d. LOCATION (City or Town) (County) (Stoke) REMOVAL (Specify) 6/15/67 North East St. Mary Anne's Md. Cecil Rurial 24 FUNERAL DIRECTOR ADDRESS Box 22 250 RECD BY REGISTRAF REGISTRAR'S SIGNATURE Grant Funeral North East, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08041 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth. funeral l ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY Cecil ely filled in by the function papers. Pages 1 c Maryland Garrett MARYLAND b CITY OR TOWN (If outside corporate limits TENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) Polat Maryland Oakland 6 davs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM? VA Hospital, Perry Point, Maryland YES NO pou NAME OF 4. DATE Month Day Year DECEASED (Type or print) 0F HENRY BYRNE HAMILL June 19 67 DFATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 9. AGE (In years IF JNDER 24 HRS last birthday) Months Hours Mala White WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physicion of the physician of the physician physician of the physician of during mast of working life, even if retired) INDUSTRY COUNTRY? puo Oakland(Garrett Co) Md. Unknown Unknown USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the ottending physi-burial-transit permit. Then ph burial, cremation, or removal, Gilmor S. Hamill (Deceased) 15 WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates af service) 189-46-8860 VA Records. VAH, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Bronchopneumonia, bilateral IMMEDIATE CAUSE (a) HIACILI **DUE TO** Conditions, if any, which gove Arteriosclerotic heart disease rise to immediate cause (a). DUE TO stating the underlying cause lost. Arteriosclerosis, generalized PART . OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES - NO 20g ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II af item 18) OR CONTRIBUTING CAUSE OF DEATH detached te Dept of (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or fown) (County) (State) Not While Haur a.m. While foctory, street, office bldg. etc.) of work 1967, martination 1601 21. I certify that (1) (this hospital) attended the deceased from 2/19 6/15 Poge 4 may be retained O FUNERAL DIRECTOR: searche decored give any and that death accurred of 7. 11. Moreon causes and on the date stated above 22b. DATE SIGNED 6/16/67 22a SIGNATURE **ATTENDING** STAFF PHYS director, page 3 should be filed v MD 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ROTHFELD. M.D. VAH Perry Point, Maryland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMAT ON (Stote) REMOVAL (Specify) 6-16-67 Baltimore Baltimore National Md Removal 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR



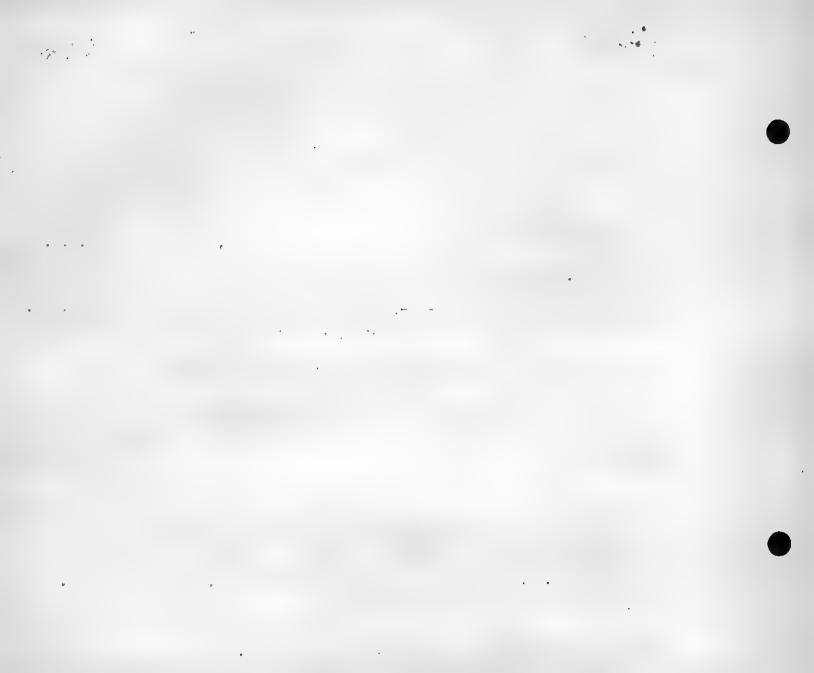
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08042 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o STATE b. COUNTY tely filled in by the Tunic bon papers Pages To within 72 hours after d Cecil MARYLAND Cecil b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) requires that the death certificate be executed within 24 hours 3 Weeks North East North East Rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? filled R.F.B. R.F.D. YES NO DC NAME OF please remove carban Middle 4 DATE Lost Month Dov Year DECEASED OF DEATH June 8 67 Charles (Type or print) Henry Hargan event. 19 6 COLOR OR RACE 9. AGE (n years lost birthday) IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH. IF UNDER 24 HRS Months Suz Male White WIDOWED DIVORCED 8. ond (100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bread. Salesman 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? attending physician sermit. Then please Cecil Co. Md. Bread Bakery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Sarah Armstrong James Hangan IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Add South Ave. 16 SOCIAL SECURITY NO (Yes, no, or unknown) If If yes give wor or dates of service Bridgetor 94-22-8330 Mrs. Elizabeth Stackhouse no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)
PART 1. DEATH WAS CAUSED BY NTERVAL BETWEE signed by the burial-transit p ONSET AND DEATH Lete MyocARdIAL InFARCTION IMMEDIATE CAUSE (o) by the haspital ar attending physician. DHE TO ASCUD Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse U NUMERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? NO [37] 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) foctory, street, office bldg , etc.) Not While of work of work 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram / - 20 -19.66. to 6 -3 TO HOSPITAL OR ATTEND Page 4 may be retained 19 6 7 and that death accurred at 5.20AM, fram causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 22c PHYSICIAN 22d ADDRESS NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Bayview
250. REC'D BY REGISTRAR 25 6 - 10 - 1967Cecil Bayview Cem. do. DAUUN Rising Sun. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08043 08031 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) O. COUNTY CECIL Deportment of Maryland MARYLAND Cecil b CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate in its, write RURAL and a veinearest town) Elkton. E1kton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form UNION HOSPITAL Box 174-B - Rt. #5, Elkton, Md YES NO X 3 NAME OF 4 DATE First M ddle DECEASED HENDERSON DEATH CARVER FLETCHER (Type or pnnt) FUNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 8 DATE OF BRITH 9 AGE In veors 7 MARR ED NEVER MARRIED Months event within 72 hours ofter deoth. WIDOWED DIVORCED Muly 27, 1933 Male White 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 B.RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Barber Virginia 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Nina Blevins D. Lake Henderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 264-58-4456 Mrs. Nancy C. Henderson, Elkton, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART | DEATH WAS CAUSED BY ONSET AND DEATH Gunshot wound of head IMMEDIATE CAUSE (o) . DUE TO Conditions, if ony, which gove nse to immediate couse (a). **DUE TO** stoting the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES X NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of incry in Port or Part II of item 18.) 3 shamld PRIMARY OF CONTRIBUTING Shot self through roof of mouth cremation, 20c LIME OF INJURY Month, Doy, Year 20d .N.J.RY OCCURRED 20f (City or fown) (Stote) 20e PLACE OF INJURY (Home, form, (County) Not While foctory, street, office bldg., etc.) of work Of work \$ & 7:30* 6 25 19 67 Pleasent Hill Cecil Wooded area 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspect on . Inquiry . and in my opinion Undetermined manner Accident the funerol director. death resulted fram: Notural causes Suicide X. Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER 6-26-67 **EXAMINER'S** Heolth 1 RUSSELL S. FISHER, M.D. Address (Street city, town, or county) NAME (Type) 230 BURIAL (REMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 0 6/29/67 Darlington Cecmetery Darlington, Md.
REG STRAR 2 SB REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR VR A15ME (5) Funerals, Elkton, Md. DATE JUIN 3 0 6M 1/67



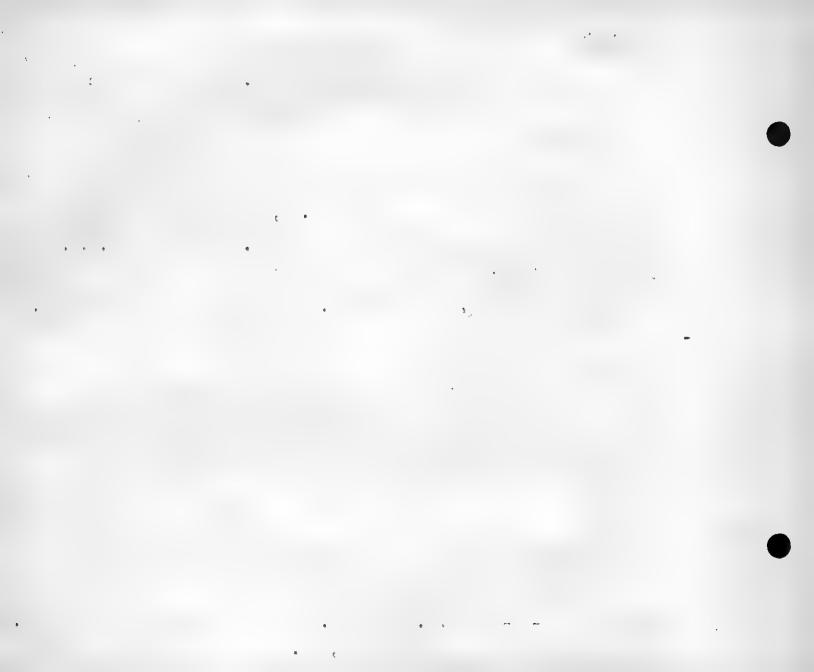


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF 2. USUAL RESIDENCE (Where deceased lived, if institution) Residence before admission. a. COUNTY Page **b.** COUNTY ö files. MARYLAND Department b. CITY OR TOWN (if-cytside corporete limits e. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give negrest town! write RURAL and plva nearest town) for your d. STREET ADDRESS hospitel, give street address) S RESIDENCE the funeral ON A FARM? refained rate YES 🗍 NO 🔀 NAME OF Middle DATE 4. Month Day DECEASED OF (Type or print) DEATH 60 . MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) and Months Deys Hours USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page done during most of working life, even if retired) event pages 13. FATHER'S NAME form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (If yas give wer or dates of service) pue Office along with 18. CAUSE OF DEATH Enter only one cause per line for (e), **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil **DUE TO** ò RTERIO SCLEROTIC Conditions, if env. which cremation, gave rise to Immediate cause 40 Medical Examiner's **DUE TO** (e), stelling the underlying be used as cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19, WAS AUTOPSY CERTIFICATION burial. PERFORMED? certificate, writing the word YES T Shou 20n. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part | or Perl || of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior Chief the c. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City of lown) (State) fectory, street, office bidg, etc. Not While at work be forwarded to 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner sase execute the CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER D ö EXAMINER'S NAME (Type) Address Mineral Civilians Health CREMATION. ORY (Stete) REMOVAL (Specify) a ADDRESS REC'D BY REGIST VR ATSM 5M 1/43



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF WITAL RECORDS, 301 W. PRESTON/STREET, BALTIMORE, MARYLAND 21201 08046 CERTIFICATE OF DEATH death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY Cecil Cecil MARYLAND b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) hours Elkton Conowingo Rural a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE lease remove carbon popers, and in ony event, within 72 h ON A FARM Urion Hospital YES NO X 3 NAME OF Middle First Lost 4. DATE Month Year Doy DECEASED Lucille 1967 Eleanor Jones 6 6 (Type or print) DEATH 5 SEX 6 COLOR OR RACE 9 AGE (In years IE UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** B DATE OF BIRTH IF JNDER 24 HRS iost birthdoy) Dovs Hours Female Colored Jan. WIDOWED DIVORCED 100 US JAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if retired)

Domestic COUNTRY? ottending physician (permit Then please INDUSTRY House Work Cecil Co. Maryland 14 MOTHER'S MAIDEN NAM 13. FATHER'S NAME signed by the ottending physi burial-transit permit Then pl bur al, cremation, or removal, Hawrence Miller Naomie Jones. 16. SOCIAL SECURITY NO. 15 TWAS DECEASED EVER IN J.S. ARMED FORCES? (Yes no, or unknown) (If yes give wor or dates at service) 17 INFORMANT Address Mrs. Cecil Boddy Conowingo IB. CAUSE OF DEATH (Enter only one couse per . ne for (o), (b), and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY UREMIA IMMEDIATE CAUSE (o) by the hospital or offending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse be detached for use as the State Dept, af Health prior to hos been Glomerulo negheris PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CARDIO VASCULAR dISPASE YES 🔀 NO F 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port , or Port II of Item 18.) 200 ACCIDENT WAS JNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJJRY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) TO FUNERAL DIRECTOR: After this Not While foctory, street, office bldg., etc.) of work of work 21 I certify that (I) (this haspital) attended the deceased fram 1965, 19, ta ______, 19, that (I) (II) last saw the deceased alive an 5 1967, and that death accurred at 1244 M, fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED MED. DIRECTOR M.D 22d, ADDRESS PHYSICIAN S NAME (Type) MEDICAL 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Store) REMOVAL (Specify) Conowingo Cecil 6-10-1967 It Zoar Cem. Md. RECD BY REGISTRAR VR A15 (4) Rising Sun, Md. 25M 1/67 DATE

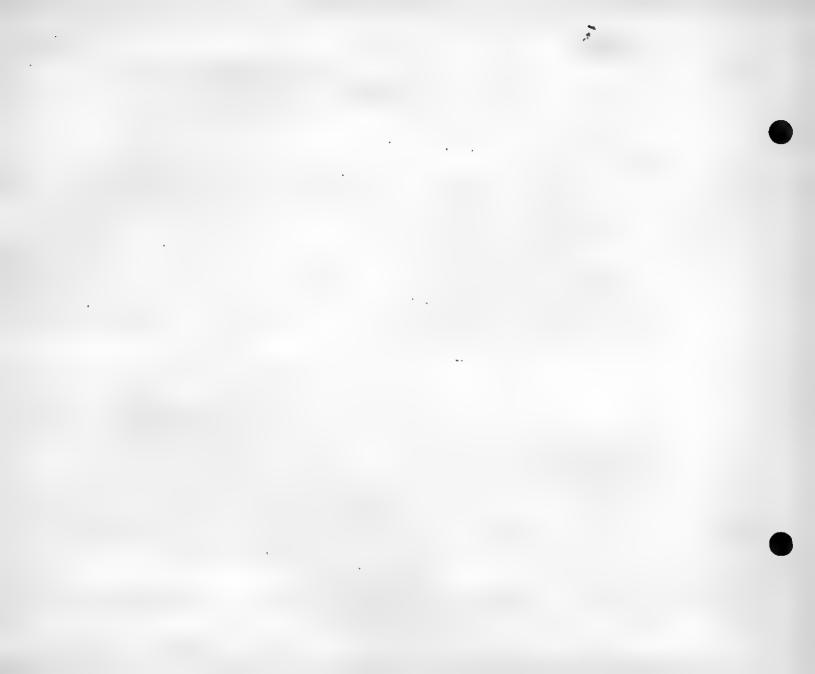


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08047 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY n. STATE **b.** COUNTY Cecil Marvl and Cecil MARYLAND b CITY DR TDWN (If outside corporate limits, write, RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) an papers. Page: Life e. IS RESIDENCE ON A FARM? completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1 West Union Hospital Of Cecil County NO Fiz 3. NAME OF First Yeor Doy DECEASED OF John Knight 26 1967 June (Type or print) DEATH IF UNDER 24 HRS IF UNDER I YEAR S. SEX DATE OF BIRTH AGE (In veors burial, crematian, or removal, and in any eve 6 COLDR DR RACE 7 MARRIED X NEVER MARRIED remave Months lasij birthdoy) Hours Doys 5/30/1903 Malle White WIDOWED 100 JSUAL DCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life_even if retired) **NDUSTRY** physician Store Kee Per rocer Cherry Hill Md. MOTHER'S MAIDEN NAME 13, FATHER S NAME attending phys Edwin Knight Ann Stern Georgiana IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Street Enight (Yes, no, or unknown) (If yes give wor or dates of service) Maryland 213-05-614 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p 3 ONSET WHO DEATH PART I. DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. 4341 DHE TO Conditions, if only, which gove Pulmonary Edema Davs rise to immediate couse (a), DUE TO stoting the underlying couse has been State Dept. of Health priar ta as the Uremia Weeks WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO -F this certificate b 20o, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) Not While After ot work at work 19.67, that [4] (we) last 21. I certify that (i) (this transplat) attended the deceased from 190% 6/26/ director, page 3 shauld shauld be filed with the 1967, and that death accurred a 2:45 M, from causes and on the date stated above. saw the deceased alive an O FUNERAL DIRECTOR: 22o. SIGNATUR 22b. DATE SIGNED ATTENDING STAFF PHYS. /26/67 K DIRECTOR 22d ADDRESS James Johnson M.D. Elkton Cecil Md. ŃΑΜΈ (Type) 245 East High St. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) REGISTRAR'S SIGNATUR REGISTRAR FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08048 CERTIFICATE OF DEATH 08035 2 USUAL RESIDENCE (Where deceased lived, I institution Residence before admission PLACE OF DEATH o. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside carparote limits and give neorest town) CHARLESTOWN d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address ON A FARM? YES NO 4. DATE OF DEATH 3 NAME OF Year (Type or print) requires that the death certificate be executed S SEX 7 MARRIED A NEVER MARRIED lost birthdoy) Months Doys Dec: 3. WIDOWED burial, cremation, ar removal, and in any 10o. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 16 SOCIAL SECURITY NO 37. INFORMAN (Yes, na, or unknown) (If yes give war ar dates of service) 16-01-3721 CATENSVIlle 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) AR. DIO signed by the burial-transit p ARDIO-VASCULAR by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUF TO stoting the underlying cause has been LMONAR WAS ALTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, affice bldg., etc.) of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from FFB 24, 1967, ta JUNE 15, 1967, that (I) (we) last saw the deceased alive on JUNE 15 1967, and that death occurred at 1025 PM, from causes and an the date stated above. director, page 3 should should be filed with the saw the deceosed alive on_ 22b. DATE SIGNED 22a SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D LUIS M. CUZA. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 322 E. Cecil Avenue NAME (Type) North East, Md. 2190 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn BURIAL, CREMATION 23b. DATE, THEREOF Cem. 25a. REC'D BY REGISTRAR FLINERAL DIRECTOR VR A15 (4) 20 M 1/66 DATELI N



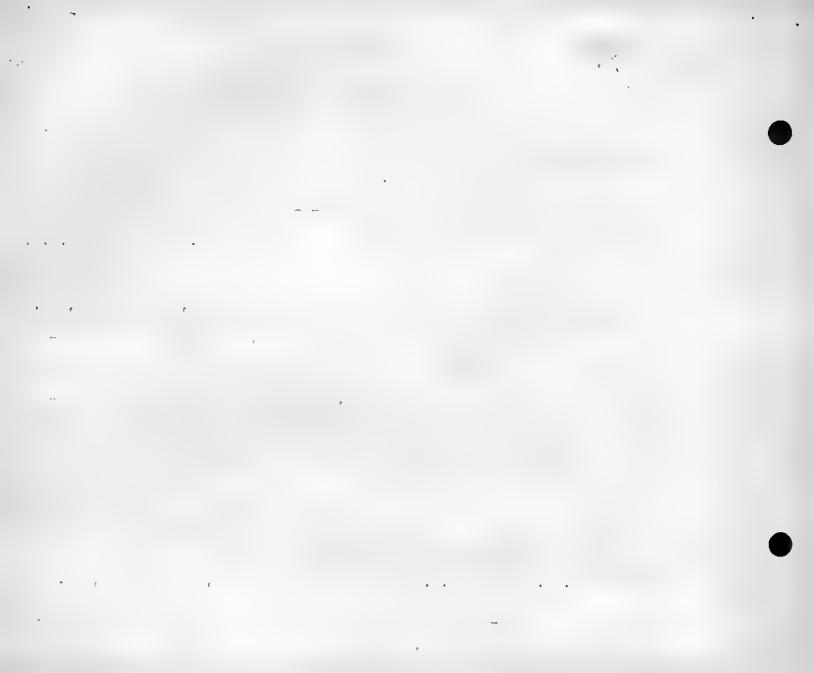
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08043 death 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY Cecil b. COUNTY Cecil MARYLAND an papers. Pages 1 Within 72 naurs after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 1b write R. RAL and give nearest lown) North East Life10 days filled in d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Union Hospital R.D. 1 YES [NO X requires that the death certificate be executed within ond completely fregions carban 3 NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF James Lynch 19 67 Hasson June 4 (Type or print) DEATH IF JNDER 1 YEAR IF JNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTY Months Dovs Hours M White August DIVORCED WIDOWED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) burial, cremation, ar remayal, and in COUNTRY? during most of working life, even if retired) Railroad Cecil County, Md. Trackman 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME James Lynch Ella Rebecca Tyson WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Paul Abrams Colora, Md. 717-07-5363 No NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per inne for (o), (b), and (c).

PART I. DEATH WAS CAUSED BY signed by the burial-transit p 2NSETAND VESTE Cardiac Failure IMMEDIATE CAUSE (o) physician. DUE TO ll days Conditions, if any, which gave Pneumonia, Acute coronary rise to immediate cause (a), DUF TO far use as the t f Health prior tab stoting the underlying couse Page 4 may be retained by the haspital ar attending ifter this certificate has been be detached far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION with the State Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MED CAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour om Not While foctory, street, office bldg., etc.) While at work of work May 2), 07 tn June 4, 1907, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 1967, and that death accurred at 5 AM, from causes and an the date stated above saw the deceased alive an Jun TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. June 5, 1967 r, page 3 be filed \ M.D. 22d ADDRESS 22c PHYSICIANS NAME (Type) East High St. Elkton, Md. director, s Johnson James 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial 6/7/67 Md. Ebenezer Cemetery Cecil 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Misseles Grant Funeral DATELUN 1967 North East, Md.

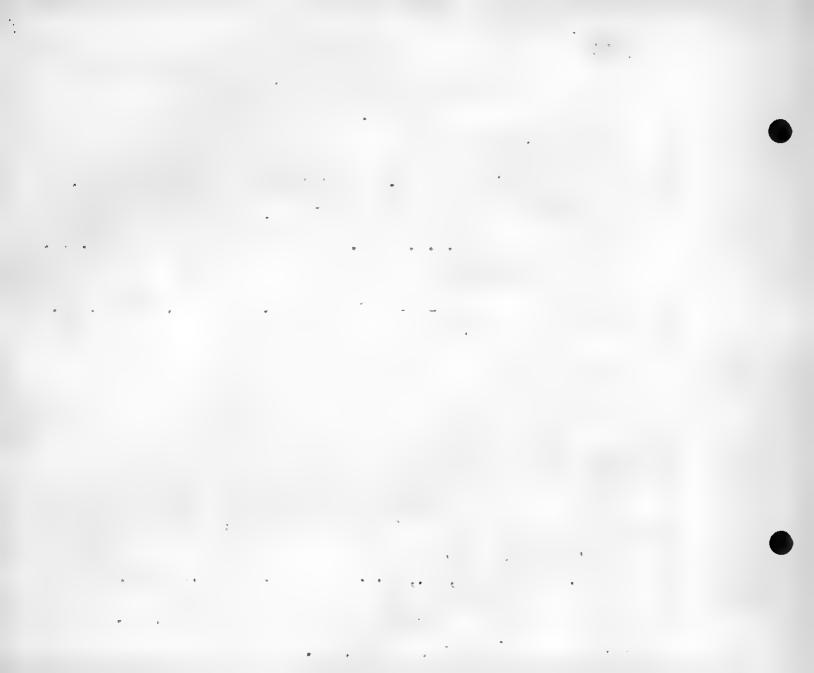


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| . 503 | | | 08050 |) | | C | ERTIFICA | TE (| OF DEATH | | | | 0 | 8037 |
|--|----|-----------------|--|--|---------------------------|------------------------|---------------|---------|--|---------------------|-----------------------------------|-------------------------------------|-----------|---------------------------|
| funeral acteor | | | COUNTY | | | | MARYLAND | 7 | USUAL RESIDENCE (a STATE Maryl | Where dec | eosed lived, if instit. b. (Ot | tian, Residence JNTY | before o | admission) |
| by the pages ours aft | | | b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) | | | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | |
| by the | | | Perry Po | int | | | days | | Elkto | n | | | 1 1 | , |
| d In pers | 22 | | | AL OR INSTITUTION (If no | | | · · | 0 | L STREET ADDRESS | _ | | | - | S RESIDENCE ON A FARM? |
| hin 24 ho filled in 1 papers. thin 72 ho | // | 2 | Veterans | Administ | ration | | ital | | RD # | 3 | | -1 | YE. | |
| completely f | \ | | DECEASED Type or print) | | OHN | N | A | | Lost MAHALA | 4. DAT OF DEA | T., | | Day 29 | Yeor 1967 |
| red (1) | } | 5 | | 6. COLOR OR RACE | 7. MARRIED | NEVER | MARRIED X | В. [| DATE OF BIRTH | I DEA | 0 ACE (to years | IF UNDER 1 Y | EAR I | F UNDER 24 HRS |
| rect may ny é | 1 | | Male | White | WIDOWED | ŏ | DIVORCED [| | 3-1-04 | | 63 birthdoy) | Months D | Days | Hours Min |
| cate be executed v | | duri | ng most of working li Watchmar | (Give kind of work dane ife, even if retired) 1 | | IND OF BUSIN Dustry | ESS OR | | I.BIRTHPLACE (County Ashland | , N. | | 12 CITIZ COUN | EN OF V | S.A. |
| hifica hysica n ple | | 13. | FATHER'S NAME | | | | | 1 | 4. MOTHER'S MAIDEN | | | | | |
| Certification of the part of t | | | John Mah | | | (D) | | | Abby Au | sbur | | (D) | | |
| ne death certificate by attending physician permit. Then please ian, or remaval, and | | | | RINUS ARMED FORCES? (If yes give war ar dates of WW II | of cervice) | 50CIAL SECUR | | | RMANT Hospital | Reco | rds, Per | | nt, | Md. |
| requires that the death certificate be executed within 24 hours after death 3 physicion. I signed by the attending physician and compretely filled in by the funeral, burial-transit permit. Then please remain carbon papers. Pages 1 end 3 burial, tremation, or remayal, and in any every, within 72 hours after the one | | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY. Congestive pulmonary edema, recurrent | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| equires 1 physicio signed t burial-tr burial, a | | | Conditions (ony, which gove trise to immediate course (o). DUE TO Arteriosclerotic heart disease | | | | | | | | | - | | |
| ICIAN: The law ordal ar attending tificate has been d for use as the of Health prior to | | | stoting the underl | lying cause } DUE | | riosc | lerosi | s,_ | generaliz | ed | | | | _ |
| | 1 | ATION | PART II. OTHER SEG | ENIFICANT CONDITIONS C | ONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE | TERMINAL DISEASE CO | NDITION G | SIVEN IN PART 1(a) | | PI | VAS AJTOPSY ERFORMED? |
| | | L CERT.F CATION | 200 ACC. DENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY A | CAUSE OF DEATH | 20b DE | ESCRIBE HOW | INJURY OCCURR | ED (Ent | er nature of injury in | Part I ar | Port II of item 18) | | | |
| 中年十号。 | | MED.CAL | 20c TIME OF INJUI Haur am | 10 | 20d II White at war | | | | OF INJURY (Hame, farr street, affice bidg , etc. |) | | (Equip) | | (State) |
| A A A A A A A A A A A A A A A A A A A | | | 21. I certify that (1) (this haspital) attended the deceased fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, taken the second fram May 5 , 1967, to June 29, 1967, to J | | | | | | | | | | | |
| TTE dane GOR: h th | | | 20 SIGNATURE 1 226 DATE S GNED | | | | | | | | | | | |
| HOSPITAL OR ATTEI BY THE THE STATE OF THE S | | | 220 SIGNATURE ATTENDING MED DIRECTOR D PHYS. D ATTENDING MED O-30-67 | | | | | | | | | | | |
| AL OF | 1 | | 22c PHYSICIAN S | W. F. | 001 | 17 | | | 22d. ADDRESS | | | | | |
| 4 may NERAL I far, pag | | | NAME (Type) A. L. MOONEY, M.D. VA Hospital, Perry Point, Md. | | | | | | | | | | | |
| TO HOSPITAL OF Page 4 may be CO FUNERAL DIR director, page Should be filed | | 230 | BURIAL, (REMATION REMOVAL (Speafy) | N. 23b DATE SHI | | | ahala | | | | reston, (V | orth (a | ounty) | (State) ina. |
| VR A15 (4) 25M 1/67 | | 24 P 2 | tterson | Work Fun | ieral 9 | ADD | IRESS . | | e, Md _{DATE} JU | BY REGI | 1967 25b R | EGISTRAR'S SIGN | NATURE | neg- |



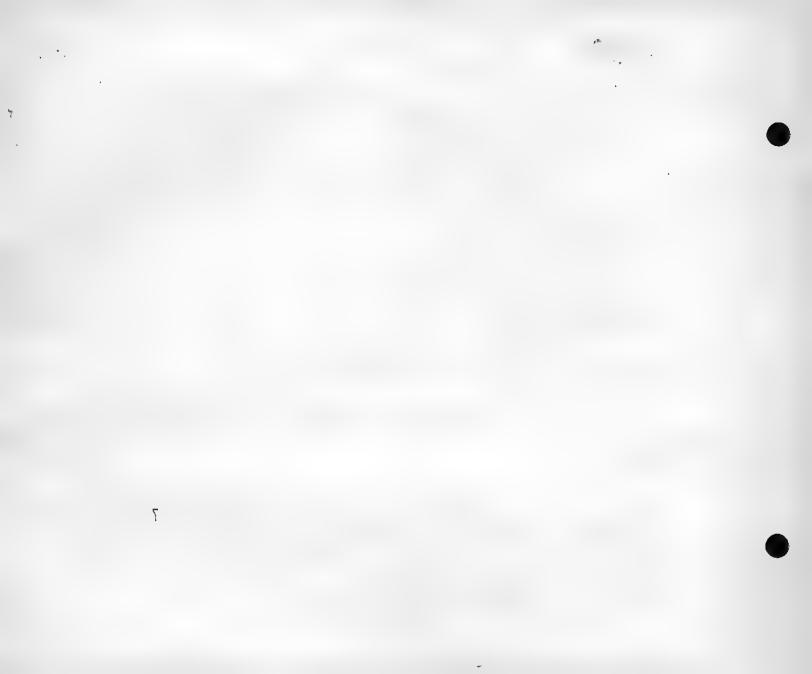
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08038 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Cecil o. STATE Maryland o. COUNTY Cecil MARYLAND hours after b CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) ELENGTH OF STAY IN 15 24 vrs. Elkton Elkton remove carbon popers. d. STREET ADDRESS S RESIDENCE ON A FARM2 completely filled in d NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address) Union Hospital 100 Bow Street NO-4 NAME OF Middle First Last 4. DATE Month Day Year DECEASED OF DEATH Sadie McConnell 67 G. June (Type or print) IF UNDER I YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthday) Months Doys Hours White cremation, or removol, and in any Female July 29, 1906 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) INDUSTRY R M R during most of working life, even if retired) COUNTRYS A. attending physician sermit. Then please West Virginia Inspector Corp. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Pugh Ferguson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) [(If yes give war or dates of service) 233-38-2346 Warner J. Hamilton, Elkton, Md. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the buriol-transit buriol, cremati PART I. DEATH WAS CAUSED BY: Coronary artery heart disease IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse use as the l ofth prior to t O FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Asthmatic bronchitis director, page 3 should be detached far use should be filed with the State Dept. of Health NO T 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (State) (County) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc) Not While at wark June - 15 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an June 17 1967, and the that (I) (we) last _, and that death accurred at 11.15M, from causes and an the date stated above 22o. SIGNATURE 28 P18929 MED. DIRECTOR ATTENDING X M.D 22c. PHYSICIAN'S Main St., Elkton, Maryland NAME (Type) S. Ralph Andrews. Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) 6/22/67 Elkton. Md. Elkton Cemetery ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Home for Funerals Elkton, Mct . DATE Hicks



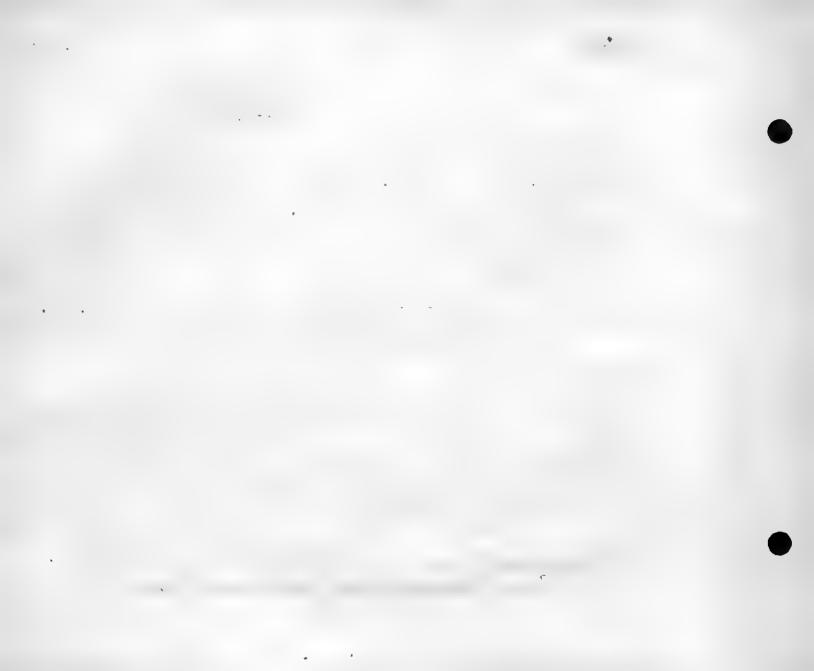
| San Contract of the Contract o | 1 | 1 | Division of STATISTICAL R | MARYLAND STATE DEP ESEARCH AND RECORDS, 301 | PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAY | ND 21201 | | | | |
|--|---|-------------------------------|--|--|--|---|--|--|--|--|
| 1 | ~ ~ : | | 08052 | CERTIFICATE | OF DEATH | 08039 | | | | |
| - 1 | r death | - | PLACE OF DEATH COUNTY Cecil | MARYLAND | 2 USUAL RESIDENCE (Where deceosed lived, of institution o STATE Md. | | | | | |
| | hours after by hear hours after | - | b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton | c. LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RURAL Earleville | and give nearest town) | | | | |
| | 1 24 ho | ri. | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi Union Hospital | ital, give street oddress) | d. STREET ADDRESS | B. IS RESIDENCE ON A FARM? YES NO K | | | | |
| | completely ti | | NAME OF First DECEASED (Type or print) Wilbiam | Middle /1 | DOUVEL 4 DATE Month OF DEATH | Doy Year /6 19 67 | | | | |
| | d camp | | SEX 6 COLOR OR RACE 7 MARF | WED DIVORCED S | iept. 27, 1895 71 orthdox) yrs. | FUNDER I YEAR IF UNDER 24 HRS Aonths Doys Hours Min. | | | | |
| | rie be ex rian and ease rem and in an | | ming most of working life, even if retired) Bricklayer Me | DE KIND OF BUSINESS OR INDUSTRY ason | Il BIRTHPLACE (County & Stote, or foreign country) Wilm. Del. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| | certifica physical phen phen naval, | | 3. FATHER'S NAME William McDowell | | 14. MOTHER'S MAIDEN NAME Mary Irvin. | | | | | |
| | ne death certificate b attending physician permit. Then please ion, or remaval, and i | | s was deceased ever in LS armed forces? 16. SOCIAL SECURITY NO 17 INFORMANT Address Address 222-07-2014 Mrs.Freda Ruth McDowell, Earleville, Md. | | | | | | | |
| | O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificats has been signed by the attending physician and completely filled in by heek director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages shauld be filled with the State Dept. af Health priar ta burial, cremation, or remayal, and in any event, within 72 hours after | | 18. CAUSE OF DEATH (Enter on y one couse per lem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c) | | LEFUENTRILLE | INTERVAL BETWEEN ONSET AND DEATH CARROLLE | | | | |
| | r aften r atten has bas use as | 77.77 | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT | ING TO DEATH BUT NOT RELATED TO TH | HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? YES NO | | | | |
| | PHYSICIAN: he haspital ar this certificats letached far u Dept. af Heal | 7.7 | (II ELLDCK, MOTH LACESTCAR EXAMINACK) | DPOPPED OVETE | Enter noture of injury in Port I or Port II of item 18.) 2 WH C = STING E OF INJURY (Home, form, 20f. (City or town) | (County) (Store) | | | | |
| | by the P fiter thin be detail | ry, street, office bldggetc.) | | | | | | | | |
| | TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR; After this director, page 3 shauld be detac shauld be filed with the State Dep | | 21. I certify that (I) (this haspital) a saw the deceased alive an 220. SIGNATURE 7 | | death accurred at J. M. fran couses an | d an the date stated above. 22b DATE SIGNED | | | | |
| | O HOSPITAL OR ATTENE Page 4 may be retained O FUNEAL DIRECTOR: A director, page 3 should should be filed with the | ٠ | 22c. PHYSICIAN'S | no one mo | ATTENDING MED DIRECTOR STAFF PHYS. D | 61/6/ 1 | | | | |
| | TO HOSPITAL OR Page 4 may be re to FUNERAL DIRE director, page 3 shauld be filed w | / | NAME (Type) | 23c NAME OF CEMETERY OR C | CURL VI AR. | (County) (Stote) | | | | |
| | TO HC Page TO FUI direc | - | 330. BURIAL (REMATION 23b DATE THEREOF June, 19, 196 | | rial Park Wilmington, | N.C. Co; Del. | | | | |
| | VR A15 (4) 20 M 1/66 | | Editord Bellows 1 | malling to 1 | 250 REGISTRAR 250 BY REGISTRAR 250 BY | TRARE SIGNATURE | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02040 CERTIFICATE OF DEATH 08053 death. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY Cecil b. COUNTY Delaware MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newark Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 17 Keller Drive Union Hospital NO X 3 NAME OF First Middle 4 DATE Month Year Dov DECEASED OF DEATH 19 67 \mathbb{R} McMunn 6 John (Type or print) è S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ешале а lost birthday) Months 11/22/08 WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11.BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT physician a during most of working life, even if retired)
Salesman Tire U.S.A Pittsburgh, Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER 5 NAME be filed with the State Dept. of Health priar to burial, crematian, ar remayal, John McMunn Iennie McMunn 15 WAS DECEASED EVER IN . S. ARMED FORCES? 16 SOCIAL SECURITY No. (Yes, no, or unknown) (If yes give wor or dotes of service) 0.48-0.9-50.5717 INFORMANT Address Emma N. McMunn Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) sigmed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute coronary occlusion(sudden) IMMEDIATE CAUSE (o) ___ **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO l year ? Conditions, if any, which gove Coronary Heart disease rise to immediate cause (a), DUE TO stating the underlying couse this certificate has been detached far use as the 10 years? HAHD (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES [NO X None 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20e. PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Not While of work ot work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased fram _______, 19,60, ta 6/17 _____, 19,67, that (1) (we) lass saw the deceased alive an 6/15 _____, 19,67, and that death accurred at 405 aM, from causes and an the date stated above 226. DATE SIGNED 22o. SIGNATURE STAFF PHYS. MED. DIRECTOR 6/17/67 M.D PHYS 22d ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Peter Stavrakis MD Elkton, Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Newark M. E. Cemetery 6-20-67 Rurial Newark 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) Newark Dela 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08054 The law requires that the death certificate be executed within 24 haurs after death by the funeral PLACE OF DEATH
a COUNTY 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o STATE b. COUNTY Marvland Cecil Kent MARYLAND and campletely filted in by the free remaye carbon papers. Pages in a second papers after a second papers after a second papers. c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, & LENGTH OF STAY IN 16 write PURAL and give nearest town) Rock Hall IS RESIDENCE ON A FARM? d. NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Union Hospital NO TY YES 3 NAME OF Middle 4 DATE Lost Month Oov Year DECEASED OF 1967 2 William Mench June (Type or print) DEATH IF UNDER 1 YEAR 8 DATE OF BIRTH IF UNDER 24 HRS S SEX 6 COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIEO last pirthday) Months Hours White 1887 Sept. Ma.1 WIOOWEO DIVORCED 10a JSUAL OCCUPAT ON IGive kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during post of working life even if refired) INDUSTRY COUNTRY edse, physician and Maryland 14. MOTHER'S MAJOEN NAME 13. FATHER 5 NAME cremation, ar remayal, Joseph Mench Maryland Willis INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates of service) 213-05-7287 Maryland Pinder -- Rock Hall. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. OUE TO burial, Conditions, if ony, which gove nse ta immediate couse (a), OUE TO stating the underlying couse **DIRECTOR:** After this certificate has been directar, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z YES 🗀 ğ 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. Nat While foctory, street, affice bldg. etc.) of work at work 21. 1 certify that (1) (this haspital) attended the deceased from Thereh. 14, 1967, to Time 2, 1967, that (1) (we) las 19 67 and that death accurred at 2 45 PM, fram causes and on the date stated above saw the deceased alive an Time 2 22b. OATE SIGNED 22a /SIGNAJURI ATTENDING DIRECTOR M.D PHYS 22d. ADORESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) NOREWS JR 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 23a BURIAL, CREMATION THIO VAL (Specify) June 5 Wesley Chapel Rock Hall. Maryland 25p. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADORESS **FUNERAL DIRECTOR VR A15 (4)** Church Hill. Maryland 20 M 1/66

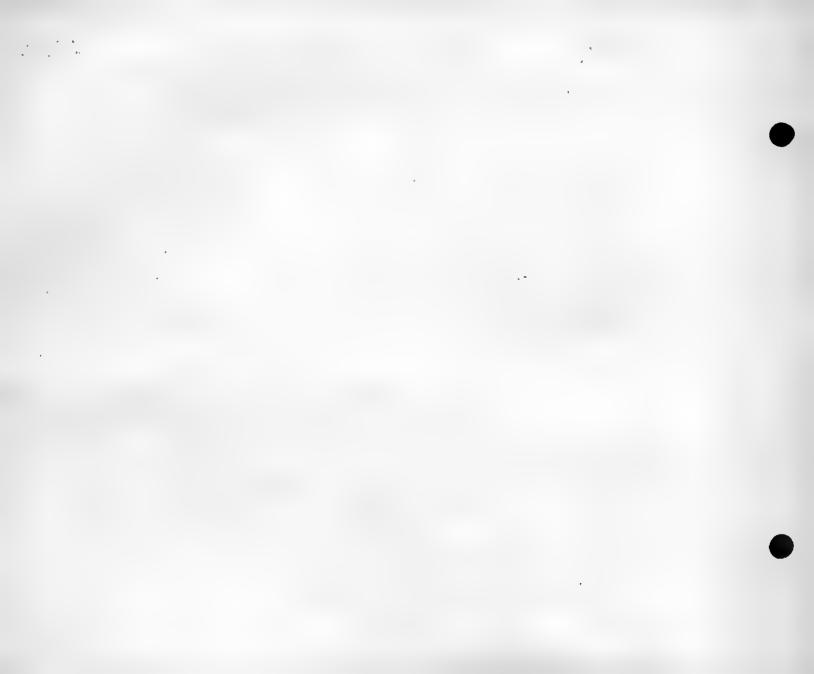


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

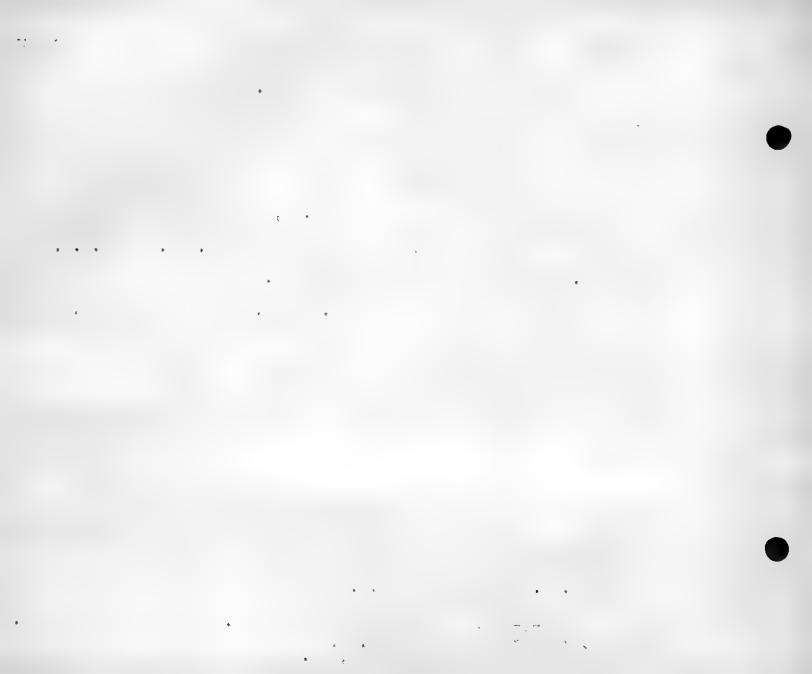
CERTIFICATE OF DEATH 08055 08042 requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) filled in by the funes papers. Pages 1 an o. COUNTY o. STATE b. COUNTY Cecil. Maryland MARYLAND ian papers. Pages 1 within 72 haurs after b. CITY DR TOWN (If outside corporate limits, white RURAL and give nearest town) CLENGTH DE STAY IN 16 c, CITY DR TDWN (If outside carporate limits, write RURAL and give negrest town) Elkton, Maryland Years d NAME OF HOSP TAL DR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? & STREET ADDRESS Union Hospital Of Cecil County 118 Clinton St. YES NO X 3. NAME OF DECEASED (Type or print) the attending physician and campletely fist permit. Then please remainmentaryan Reed 4. DATE First Lost Ellä Moore 0F DEATH burial, crematian, ar remaval, and in day event 8. DATE OF BIRTH 8/2/1889 S. SEX IF UNDER 24 HRS. 6 COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED east, pirthdoy) Months Hours Female Negro WIDOWED DIVORCED 10o JSUAL OCCUPAT ON (Give kind of work done during என்று நடின்று நடி even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? S. A. INDUSTRY Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Southall Unknown ris Maniean Davis Address (Daughter) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give war ar dates of service) Vinsinger Lane, Elkton, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. 1 ONSH AND DEATH Central Pneumonia IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Cardiac Failure 3-Weeks Conditions, if only, which gove rise to immediate cause (o) DUE TO stoting the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to Myocarditis, Nephritis 2-Years 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO E 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (I) (this tospital) attended the deceased from 3/2//, 1857, to 5/19/, 19/6/that (I) (We) last saw the deceased alive on 19/6/, and that death occurred of 19/6/, from causes and on the date stated above. . 19 6 7 that (I) (1) (1) last 22b. DATE SIGNED 220 SIGNATURE MED. STAFF DIRECTOR PHYS. X 6/20/67 22c PRYSICAN'S NAME (Type) High, St., Elkton, Cecil Mal James Johnson M.D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION June 23,1967Providence Elkton Cecil Maryland 256 REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 909 Poplar Street Miarley Judge VR A15 (4) 20 M 1/66 NUM 1967 Wilmington, Delaware



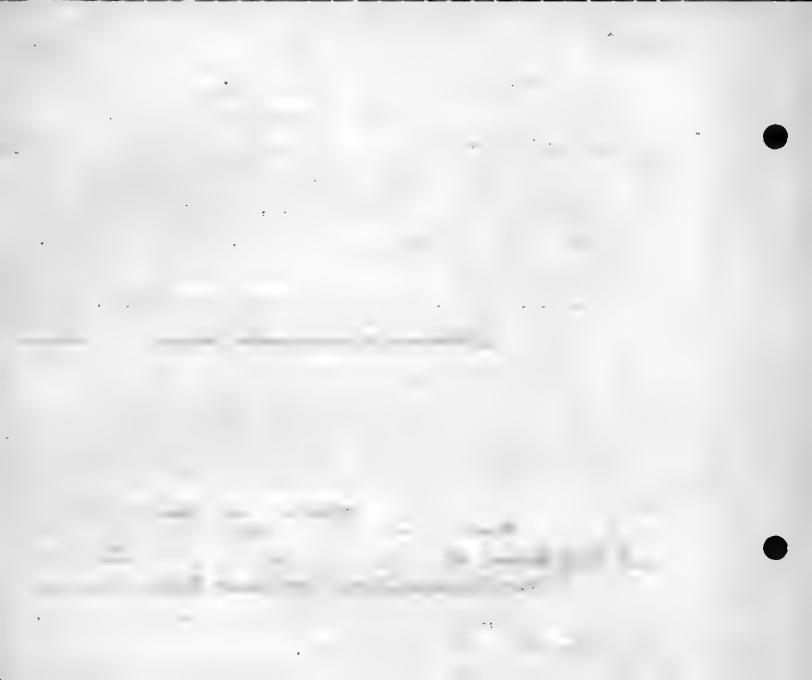
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08056 CERTIFICATE OF DEATH 08043 requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY. b COUNTY MARY, AND C LENGTH OF STAY IN 16 TOWN (If autside corporate limits CITY OR TOWN (If autside corparate limits, write RURAL and give necrest town) and give nearest tawn) d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspitot, give street address) YES NO K NAME OF Middle 4. DATE DECEASED OF DEATH NN OWLAND (Type or print) and camplet IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last pirthday) Months Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) na most of working te, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal. BUTLER RHADES 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na or upknown) (If yes give war ar dates at service) 8-05-0951 F. NOWLAND burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause gen line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by be retained by the haspital ar attending physician Canditians, if any, which cave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use e Dept. of Health YES [NO. 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at wark at wark 2). I certify that (1) (this haspital) attended the deceased fram West that (1) (we) last M, from causes and an the date stated above. and that death accurred at saw the deceased aliverange 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. director, page 3 shauld be filed w M.D. DIRECTOR ADDRESS 22c. PHYSICIAN'S FEA KO NAME (Type) 23d LOCATION (City or Town) Con (County) 23d BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 2 REMOVAL (Specify) NR. CHESAPEAKE OIT 25a, REC'D BY REGISTRAR VR A15 (4) FENESAL +TOM 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08057 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Cecil ve corban papers. Pages 1 event, within 72 hours after MARYLAND Cecil The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, c LENGTH DE STAY IN 15 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Colora Rural Colora Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO 🔯 YES NAME OF M-ddle 4. DATE Lost Month Dov Year DECEASED OF DEATH Wesley June 1067 Rov Ragan (Type or print) 6 COLOR OR RACE IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Oct. Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Builder Carpenter Contractor Cecil Co. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, or removal Harry E. Ragan E. Hannah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service Mrs. Roy W. Ragan Colora, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). INTERVAL BETWEEN signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physician. 404.1 DUE TO Conditions, if any, which gove nse to immediate couse (o), DUF TO stating the underlying couse os the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS'
PERFORMED? NO X ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY DCCURRED (Enter noture of injury in Port | or Port |) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE DF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased from 5 -2 9 1961, to 6-1 196 7that (1) (we) last O HOSPITAL OR ATTEND Poge 4 moy be retained saw the deceased alive an 6-6- 1967, and that death accurred at 11 332 M, from causes and an the date stated above. O FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE-SIGNED ATTENDING M.D DIRECTOR PHYS director, page s 22d ADDRESS 22c PHYSICIAN NAME (Type) Richards 23d LOCAT ON (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BJRIAL, CREMATION (County) (Stote) REMOVAL (Specify) Conowingo Cecil Md. 6-4-1967 Conowingo Baptist Cen. 250 REC D BY REGISTRAR 25b REG STRAR S SIGNATURE FLINERAL DIRECTOR Tyson F. H. VR A15 (4)



| 1_// | | MARYLAND STATE DEPARTMENT OF HEALT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET | |
|--|---------------|---|---|
| 4 487 4 72 | 1 | 08058 CERTIFICATE OF DEATH | 08045 |
| death. | 1. | a. COUNTY | b. COUNTY Coasi 1 |
| after after | _ | GeC11 MARYLAND MIG. | CECTT |
| Pages urs aft | | write RURAL and give nearest town) | porate limits, write RURAL and give nearest town) R.D.#1 |
| 24 hour filled in 72 hour 72 hour | _ | Elkton 11 years North East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS | e. IS RESIDENCE |
| | | Devine Nursing Home | ON A FARM? |
| within pletely arbon p | 3. | 3. NAME OF First Middle Last 4. DATE OF | Month Day Year |
| ent, | E | | |
| executed within and completely remove carbon in any event, with | | Female White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. Pemale White WIDOWED DIVORCED April 16,1877 | last birthday) Months Days Hours Min. |
| 0 | | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State | er foreign country) 12, CITIZEN OF WHAT |
| certificate be anding physician Tremoval, and if | | | aryland country. A. |
| fical s phy en p | 13. | 13. FATHER'S NAME | 1 to a second |
| rem rem | 15 | Abel James Mearns Elizabeth (| Address |
| at the death certificacion. ed by the attending ptransit permit. Then , cremation, or remova | (Ye | (Man we as such and) (Office of a such as) | rth East, Md. R.D.#1 |
| e de the it pe | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] | INTERVAL BETWEEN ONSET AND DEATH |
| at the same of the | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interiosclerate curstimosclerate | licens Unknown |
| res that the ophysician. signed by the purial-transit purial-transit burial, cremeti | | DUE TO | |
| tuires og physical signatures en signature en burita | | Conditions, if any, which gave rise to immediate (b) DUE TO | |
| aw requirent the service of the serv | | underlying cause last. | |
| NG PHYSICIAN: The law requires that the death certificate be by the hospital or attending physician. The this certificate has been signed by the attending physicial be detached for use as the burial-transit permit. Then please tate Bept. of Health prior to burial, cremetion, or removal, and is | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON | PERFORMED? |
| N: The la tal or att inficate h for use Health p | 1F1C/ | 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In P | YES NO ST |
| HYSICIAN he hospita this certificated etached f | CERT | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | are to the total and any |
| PHYSI the ho this detach | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, learn, factory, street, office bldg., etc.) | (City or town) (County) (State) |
| NG 1 by ffer be c | MED | | |
| OR ATTENDING PL be retained by th IRECTOR: After t ge 3 should be de sed with the State | | 21. I certify that (I) (this hospital) attended the deceased from # 12 , 1956, to saw the deceased alive on June 17 1967, and that death occurred at 2P M, fr | June 17, 1967, that (I) (we) last |
| ATT retraction with with | | 22a. SIGNATURE | 22b. DATE SIGNED |
| DIR DIR | | S. Kalph Hombers, Jr. M.D. ATTENDING MED. DIRECTOR | Thre 19, 1961 |
| Page 4 may be retained by the hero FUNERAL DIRECTOR: After this director, page 3 should be detacled with the State Dep | | 226. PHYSICIAN'S S. RALPH ANDREWS JR, M.D. 277 E. Main St. | F. Platon mary lamb |
| Page Page direct | 238 | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. L | OCATION (City, town or county) (State) |
| 5,500 | | Bullat Ounce Latitory Recording | lvert Cecil Md. |
| VR A15 (4) | 2 | ADDRESS 25a. REC'D BY REGI | STRAR 25b. REGISTRAR'S SIGNATURE |
| 15M 4-64 | 0 | Off John Sun, Wa . DATE IN 2-2-1 | 967 Poliantes Judge |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08046 08059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b COUNTY 2, and 3 to PM3. Page CECIL CECTL. e State Department of MARYLAND b CITY OR TOWN (flautside carparate limits c LENGTH OF STAY N In c CITY OR TOWN (If outside carparate in its, write RURA, and give nearest town) write RURAL and give nearest town) ELKTON Elkton
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address). d. STREET ADDRESS e IS RESIDENCE ON A FARM? e, writing the word "pending" in pencil in Item 18. Give Pages 1, forworded to the Chief Medical Examiner's Office along with farm 285 Hollingsworth Manor NO DO Landing Lane. This certificate should be executed within 24 hours ofter death 3 NAME OF First Middle Lost 4 DATE Month Day Year DECEASED OF DEATH DAVID EUGENE RINKERMAN 17, 19 67 June (Type ar print) 8 DATE OF BRTH FUNDER LYEAR I IF UNDER 24 HRS NEVER MARRIED X 9 AGE (n years S SEX 6. COLOR OR RACE 7 MARRED lost birthday) Manths Days White Male W DOWED DIVORCED Nov. 27. 1948 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if ret red) INDUSTRY in ony event within 72 hours ofter Chemical Plant Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Walter W. Rinkerman, Sr. Norma Creswell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) Rif yes give war ar dales af service) 213-52-7948 Walter W. Rinkerman, Sr. Elkton NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY ONSET AND DEATH Drowning IMMEDIATE CAUSE (a) _ DIJE TO Conditions, it any, which gave rise to immediate couse (a), DUF TO stating the underlying couse removol, and PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO. 19 WAS AUTOPSY PERFORMED? NO X 20g EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18) 3 should Jumped out of burning boat and drowned CAUSE OF DEATH Health prior to burial, crematan, MEDICAL 20d N.JRY OCCURRED 2 20e PLACE OF NJURY (Hame, farm (City or town) (State) 20c TIME OF INJURY Manth Day, Year While Not While K factory street office bidg , etc.) Elk River, Elkton, Cecil Md. 6-17 1967 water Inspection K, Inquiry , ond 'n my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Notural causes . Accident X. Suicide | Undetermined monner death resulted from: CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER **EXAMINER'S** June 17, 1967 Charles . Springate, M.D. Address (Street, city, tawn, ar caunty) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) 23a BURIAL, CREMATION, (Caunty) ~ o REMOVAL (Specify)
Bupial Gilpin Manor Memorial Park, Elkton, Md.

ADDRESS | 250 RECD BY REGISTRAR | 256 REGISTRARS S GNATURE VR A15ME (S) Funerals. Elkton. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08060 08047 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution. Residence before admission) o. COUNTY Cecil o. STATE Maryland b. COUNTY tely filled in by the function popers. Pages 1 c MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 Baltimore Perryville, Maryland | 25 yea d NAME OF HOSPITAL OR INSTITUTION (If not an hospito, give street oddress) 25 years d. STREET ADDRESS ON A FARM? filled 3202 Romona Avenue VAH. Perry Point. Maryland NOXX YES NAME OF pou Middle Lost 4. DATE Month Dov Year DECEASED Stephen Rogan June (Type or print) DEATH S. SEX 6 COLOR OR RACE 9 AGE (in years 8 DATE OF BIRTH AF UNDER 1 YEAR IF UNDER 24 HRS (empered 7 MARRIED NEVER MARRIED birthdov) Months Dovs White April 13,1890 Male WIDOWED DIVORCED and o 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
unknown INDUSTRY COUNTRY? Scranton, Pa.

14 MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, or removal, unknown Thomas Rogan 15. WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, po, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address 217-54-9835 VA Hospital Records, Perry Point, Md 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the ONSET AND DEATH Pulmonary conjection and edema acute IMMEDIATE CAUSE (6) DUE TO Acute myocardial infarction due to ruptured Conditions, if any, which gave rise to immed ote couse (a). 30-60 Min atheroma of right cardwary artery DUF TO stoting the underlying couse last. 0.5 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(o) for use Health g YES TEXT NO ! 20o ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or fown) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Not While Hour 'o.m. factory, street, office bldg., etc.) 21. I certify that (1) this possible (Xattended the deceased fram_ 1941 ta 6/3 1967. 36/00/00/00/00/00 Page 4 may be retoined SOUNTING REPORT SOURCE OF THE PROPERTY OF THE O FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. 6-4-67 M.D. director, page should be filed 22c PHYSICIAN S 22d. ADDRESS NAME (Type) VAH, PERRY POINT, MARYLAND S. GOLDGRABEN 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, (County) (State) 6/6/67 Cathedral Cemetery Baltimore, Maryland REGISTRAR'S SIGNAT 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15 (4) Brehm's Lane 25M 1/67 Schimunek Funeral Home, Baltimore, Md.

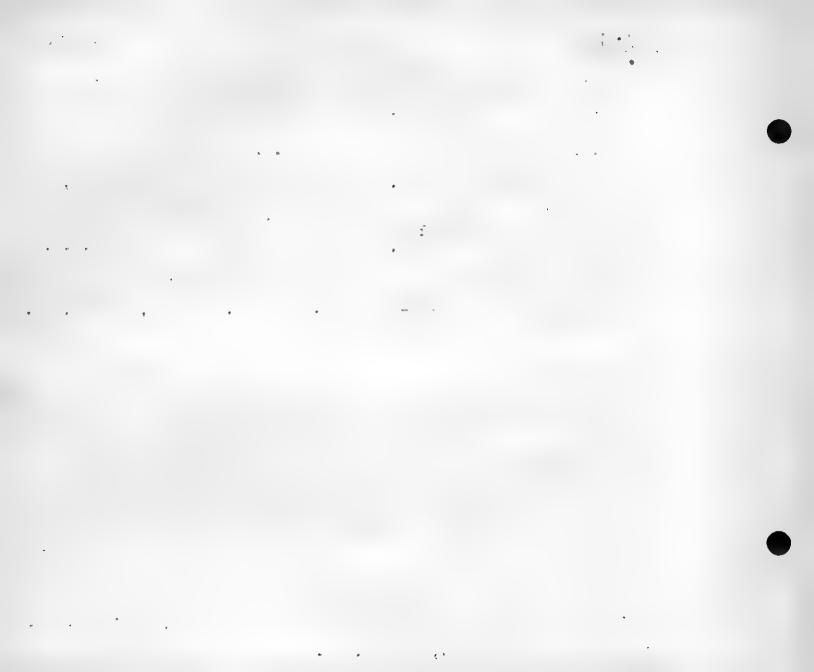


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08061 CERTIFICATE OF DEATH PLACE OF DEATH
O COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE b. COUNTY MARYLAND Cecil Cecil CEITY OR TOWN (If outside corporate limits, write RURA: and give nearest town) requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Elkt on day Elkton IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Union Hospital of Cecil County YES T NO T 3 NAME OF remove carban Middle Lost 4 DATE Month Doy Year DECEASED 0F 24 19 67 June (Type or print) Infant DEATH Gloria Walls 9. AGE (In years lost birthdoy) IF UNDER 24 HRS IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Hours 8 White Female June 22.1967 WIDOWED DIVORCED | 40 11 BIRTHPLACE (County & State, or foreign country) 10o USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Cecil County. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or remayal, Edward L. Walls Evelvn New 17. INFORMANT 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 213 Miller Corner Rd Edward L. Walls Meadowview Marvland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY rematurity - App 25wks sestation IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO -O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work 2]. I certify that (I) (this haspital) attended the deceased fram 6 - 22 - 1927, to 6 - 24 - 1967, that (I) (we) last saw the deceased alive an 6-2-1-67 19 , and that death accurred at 3 3 M, fram causes and on the date stated above. 22b. DATE SIGNED SIGNATURE STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF Md • 230 BURIAL, CREMATION, Elkton CeEdl Gilpin Manor Mem. Park June 24.1967 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 40.07



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08064 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral 1 and ter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if not tution Residence before admission) a. COUNTY o. STATE b. COUNTY ican and campletely filled in by the fun lease remave carban papers. Pages I and in any event, within 72 hours after i Cecil MARYLAND Marvla nd b CITY OR TOWN (if outside corporate imits, write RURAL and give nearest tawn)

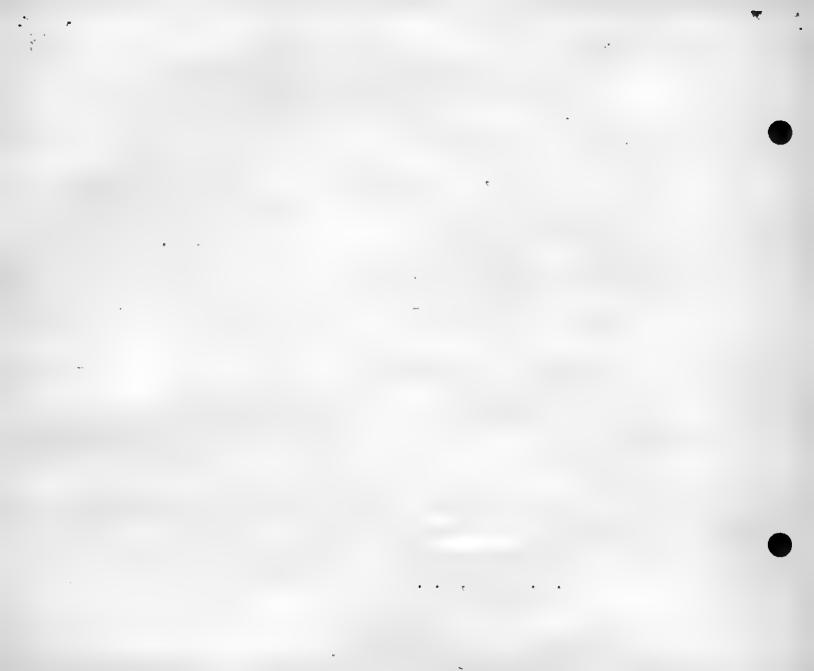
Elkton c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Life Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? R.D. # R.D. NO 13 physican and campletely fen please remave carban NAME OF Middle 4 DATE Manth Doy Year DECEASED OF William Type or print) Walters DEATH June 16 19 S SEX 6 COLOR OR RACE IF UNDER YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdov) Months Dovs Haurs Male White WIDOWFD DIVORCED July 10.1894 10a USUA, OCCUPATION (Give kind of work done Still & Pull Board 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of working fe, even if retired) U.S.A Maryland
14 MOTHER'S MAIDEN NAME Maintenance Co. 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, by the attending phys William Walters Margaret Goodvear IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dotes of service) 219-34-0570 Mrs. Ethel W. Walters. Elkton. IB. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the I priar ta h has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? State Dept. of Health NO X this certificate by the hospital ar 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Haur a.m. factory, street, affice blda., etc.) ot work O FUNERAL DIRECTOR: After dan , 1966, to 6 - 16, 192, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram... be retained director, page 3 shauld shauld be filed with the (- 16 - 1967, and that death accurred at 1019 M, from causes and an the date stated above saw the deceased alive an_ 22o SIGNATUR 22b. DATE SIGNED M.D PHYS DIRECTOR PHYS 22c. PHY SICIAN' 22d. ADDRESS NAME (Type) 03 Sinserly 23b DATE THEREO 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial 6/19/67 Bethel Cemetery Cec 17 Co. Bethel 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Ochanter Elkton. Hicks Home flor Funerals. Md -



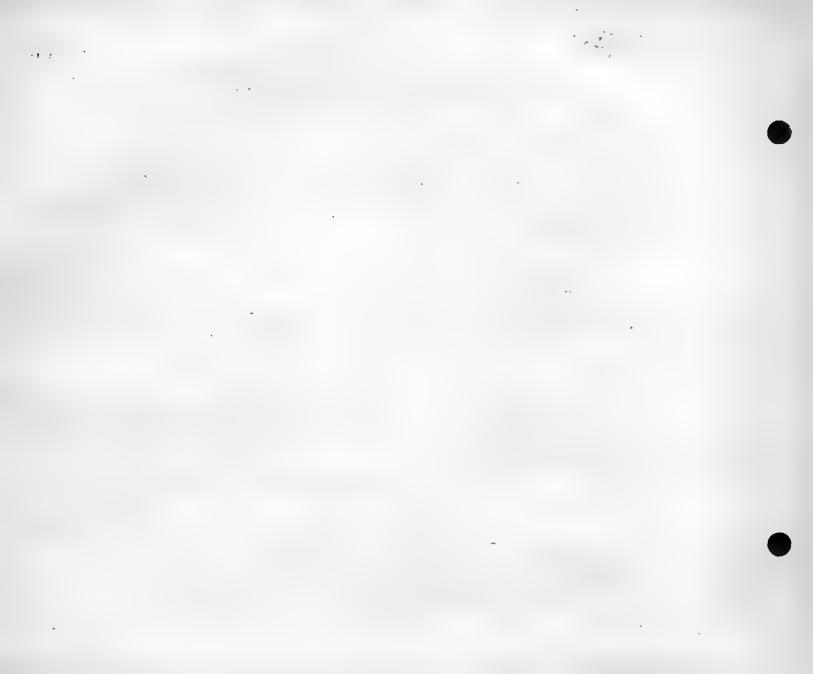
ON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution: Rasid a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give rearest town) E wite RURAL and give nearest lown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ONA FARM? 3. WAME OF DATE Month DECEASED DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 FRS 7. MARRIED NEVER MARRIED last birthday) Months DIVORCED March USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Laborer U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Warrick Ella Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgiva war or dates of servica) Estella Warrick-Chesapeake City 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF BLADDER Conditions, if any, which (b) gave risa to immediata couse **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Perf. or Part It of itam 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Statu) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.] Hour a.m. While Not While 21. I certify that fff (this hospital) attended the deceased from M. from the causes and on the date stated above. . [g...] and that death occurred a saw the deceased alive on.h 22a. SIGNATURE 22b, DATE ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN S 22d ADDRESS NAME (Typa) 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 1 235 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Bohemia Manor, Md. Bohemia Manor, Cem. 'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 909 Poplar St.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08051requires that the death certificate be executed within 24 haurs after death. PLACEGORIA 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Cecil MARYLAND ely filled in by the fuban papers. Pages 1 b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and a ve nearest town) write RURAL and give necrest town)
Perry Point 39 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STRFFT ADDRESS e IS RESIDENCE ON A FARM? Veterans Administration Hospital 524 Randolph Street. NO XX and campletely fil remave carban p NAME OF First Middle 4. DATE Month DECEASED Rollins 23. 67 WASHINGTON. Willis June (Type or print) DEATH burial, crematian, ar remayal, and in any event, 5/ SEX 6 COLOR OR RACE 7 MARRIED 区 **NEVER MARRIED** B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 46 birthday) Hours Male Negro WIDOWED DIVORCED ond 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY attending physician permit. Then please Stafford County. Va. Jani tor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Nora Brown (Deceased (Deceased) Siman Washington IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 230-01-0429 VA Records, VAH Perry Point, Maryland WWII Yes INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Acute pulmonary edema and bronchopneumonia IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUF TO 9-12 months Conditions, if ony, which gove Scleroderma nse ta mmediate couse (a), DHF TO stoting the underlying couse has been the last. 9 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES TO NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port II of item 18.) letached for Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg , etc.) of work of work 21. I certify that (this haspital) attended the deceased from May 15. 19 67 to June 23 1967 manxix xxxxxxx Page 4 may be retained director, page 3 should should be filed with the towalker desensed an area of the date stated above. O FUNERAL DIRECTOR: 22b DATE SIGNED 22o. SIGNATURE STAFF PHYS ATTENDING 6 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Hospital, Perry Point, Md. 21902 NAME (Type) M.D L. MONNEY. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION (County) MEMOVAL (Specify Oakland Cemetery Fredericksburg, Virginia 250 REC'DIBY REGISTRAR 24 FUNERAL DIRECTOR Charles Street, VR A15 (4) 25M 1/67 DATE redericksburg.



| 25 | 1 | ı | Division of STATI | TH BALTIMORE, MARYLAI | ND 21201 | | | |
|-----|--|-----------------------|--|--------------------------|-----------------------------|---|---|--|
| 3 | | | 08065 | | CERTIFICATE | OF DEATH | | 08052 |
| | Where death | | PLACE OF DEATH o. COUNTY Cecil | * | MARYLAND | 2. USUAL RESIDENCE (Where | deceased lived, if institution b. COUNTY | Residence before admission) |
| • ` | rrs after y the fr Pages urs afte | | b CITY OR TOWN (If outside corporate lim write RURAL and give nearest tawn) FIRTON | ts, | 68 yrs. | c CITY OR TOWN (If outside | | |
| | within 24 haurs after ely filled in by the bon papers. Pages within 72 haurs after ely | | NAME OF HOSPITAL OR INSTITUTION (IF) Union Hospital | nat in haspital, (| | d. STREET ADDRESS | 1 041 /1 044 | e IS RESIDENCE ON A FARM? YES NO S |
| | within tely fill the property | 3. | NAME OF | rst 70~ | P. Middle Wr | ATERS 4. | DATE Month OF 6 | Day Year 23 19 67 |
| | camplete nave cart | Š | SEX 6. COLOR OR RACE | 7 MARRIED WIDOWED | | B. DATE OF BIRTH Jan. 25, 1899 | 9 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Haurs Min. |
| | cate be exersicion and coplease rema | 10o | USLAL OCCUPATION (G ve kind of work doning most of working life, even if refired) | | ND OF BUSINESS OR DUSTRY | 11. BIRTHPLACE (County & Stor | te, or foreign country) | 12 CITIZEN OF WHAT COUNTRY? |
| | physici physici en plec aval, a | 13. | FATHER'S NAME Unknown |) | | 14. MOTHER'S MAIDEN NAME | Runner | |
| | It the death certificate be executed within 24 hours after deat the attending physician and campletely filled in by the funeral sit permit. Then please remave, carbon papers. Pages I and nation, ar remaval, and in any event, within 72 hours after deat | IS (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES is, no, ar unknown) (If yes give war ar dates | of service) | SOCIAL SECURITY NO 17 1 | NFORMANT | Address | |
| | | | 18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUS | ouse per line for | | | TON ACU | INTERVAL BETWEEN |
| | ires th ysician. ned by rial-trai | | 月301 DU Canditions, if any, which gave } | E 10 | | | 1 | |
| | w requaling bhasing significant significant from the burner fr | | rise to immediate cause (a), stoting the underlying cause last. | E 10 | | | | |
| | IAN: The law retail or attending pricate has been stor use as the bit Health priar tab | VEION | PART II OTHER SIGNIFICANT CONDITIONS LN CACCECATO | | | THE TERMINAL DISEASE CONDITION | ON GIVEN IN PART 1(a) | 19 WAS AUTOPSY PERFORMED? YES NO |
| | PHYSICIAN: e haspital ar his certificate stached for u Dept. of Heal | MEDICAL CERTIFICATION | 20g ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | SCRIBE HOW INJURY OCCURRED. | (Enter nature of injury in Port | 1 ar Part 11 af item 18.) | |
| | JING PHYSICI by the haspit fer this certif be detached State Dept. of | MEDICAL | 20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. | While | Nat While foct | CE OF INJURY (Hame, farm, ory, stree), office bldg., etc.) | 20f (City or tawn) | (County) (Stote) |
| | renbin ned by R: Afte uld be the Sta | | 21. I certify that (I) (this has sow the deceased alive on_ | | ded the deceased from | t death occurred at | $\frac{6/23}{6M}$ M, from causes or | nd an the date stated above |
| | OR ATTENDING be retained by the NIRECTOR: After the e. 3 should be de- ed with the State | | 220. SIGNATURE | Den | her MJ | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | CTOR PHYS. | 22b. DATE SIGNED 6/24/67 |
| | | | 22c. PHYSICIAN'S) NAME (Type) 1 6 4 4 | A. | Fischer | 22d. ADDRESS | 1 11 | Ryland. |
| | Page 4 may O FUNERAL director, pag shauld be fi | | BURIAL, CREMATION, 23b DATE T REMOVAL (Specify) BURIEJ 6/28 | | Pohemia Ma | anor Cem. | 23d. LOCATION (City or Town Bohemia M | Ianor Md. |
| | VR A15 (4) 20 M 1/66 | 24 | Colut Be | ll | ADDRESS 909 Poplar | St. DATUN 2 | 0.001 | strar's signature |
| | | | | | | | | |



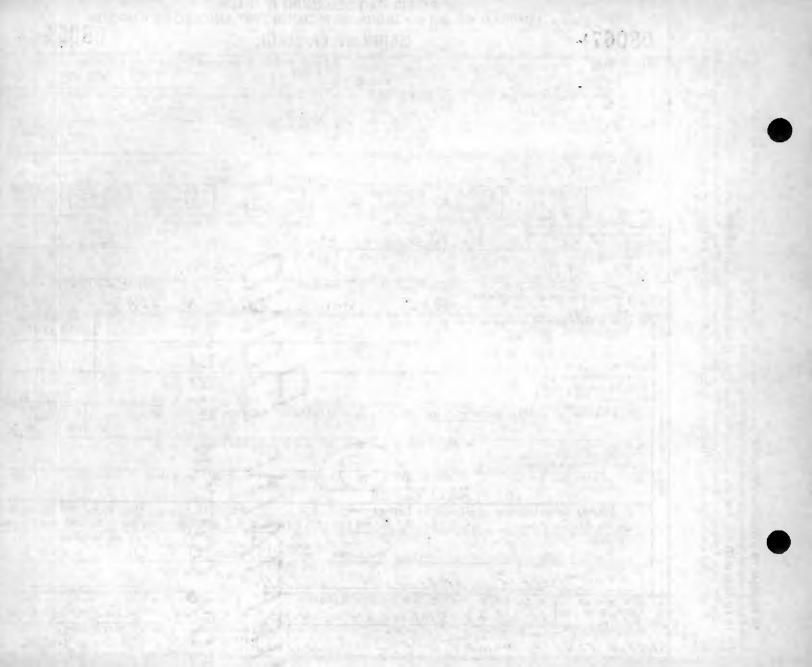
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08066 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY Cecil o. STATE b. COUNTY MARYLAND District of Columbia b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Perry Point c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 52 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? VA HOSPITAL, Perry Point, Md. 2131 Massachusetts Avenue YES NO 177 NAME OF Middle 4 DATE Month Dov Year DECEASED
(Type or print) OF DEATH Leo Williams Ferdinand June 19 SEX B. DATE OF BIRTH JF UNDER 1 YEAR 6 COLOR OR RACE 9. AGE (n years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Male White 10-28-89 WIDOWED IX DIVORCED 12. CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY St. Joseph, Mississippi Gardener Estate caretaker 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar removal, Eldier Williams Molly Tymon 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or upknown) (If yes give wor or dotes of service) 17 WHEORMANT 16 SOCIAL SECURITY NO VA Hospital Records, Perry Point, Md. 577-42-8954 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Obstructive Emphysema, - Severe IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) Arteriosclerotic Heart Disease Years. rise to immediate cause (o), DUE TO stoting the underlying couse fast 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) State Dept. of Health YES KX NO 20p. ACCIDENT WAS LINDER, YING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20t TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Horne, form, 20f (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work O HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: A 220 S GNATURE 22b DATE SIGNED director, page 3 shauld be filed v DIRECTOR S 6-11-67 M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. B. Rothfeld. M.D. VAH., Perry Point, Md. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 19-1967 | Congressional Cemetery Was Washington D C 6-19-1967 FUNERAL DIRECTOR Milanles VR A15 (4) 25M 1/67 DATEJUN 19 1967 FUNERAL HOME, Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ~ | 00000 | TE OF DEATH | 08054 | | | | | | |
| funeral funeral funeral | 1. PLACE OF DEATH a. COUNTY CEC11 MARYLAND | 2. USUAL RESIDENCE (Where deceased lived, if institution: Rio. STATE b. COUNTY | CECIL | | | | | | |
| by the Pages | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ELATER LIFE | C. CITY OR TOWN (If autside carparate limits, write RURAL on RURAL ELKTON | 07.1 | | | | | | |
| within 24 haurs of the state of | d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? YES NO | | | | | | |
| ecuted with completely fore-carbon y event, with | 3. NAME OF DECEASED (Type or print) G. COLOR OR RACE/ 7. MARRIED SQ. NEVER MARRIED | | Doy Year 2/ 1967 UNDER 1 YEAR IF UNDER 24 HRS. | | | | | | |
| and com | WIDOWED DIVORCED DIVO | 19-14-1832 78 yrs. | nths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? | | | | | | |
| certificate be exe physician and control please remander of and in any control of the please remanders and in any control of the control of t | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 4.5.A. | | | | | | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital or attending physician. NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e.3 shauld be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages of and sed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after testhands. | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np. or unknown) (If yes give war or dates of service) NONE NRS. ELIZABETH M. HERRY | | | | | | | | |
| hat the on. y the at ansit per emation | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | alun | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| N: The law requires that the or attending physician. The has been signed by the rase as the burial-transit ealth prior to burial, cremate. | Conditions, if any, which gove rise to immediate cause (a), DUE TO | A / | 1 hh | | | | | | |
| IAN: The law rectal or attending I ficate has been sfar use as the Effective table. | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | on the terminal disease condition given in Part 1(0) | 19. WASAUTOPSY PERFORMED? | | | | | | |
| AN: The | 20g. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRI | ED. (Enter nature af injury in Part I or Port II of item 18.) | AEZ WO | | | | | | |
| JING PHYSICI by the haspirt iffer this certifi be detached i State Dept. af | 20c. TIME OF INFURY Month, Day, Year 20d. INJURY OCCURRED 20e. | PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg, etc.) | (County) (State) | | | | | | |
| NDING of by the After the State e State | 21. I certify that (I) (this hospital) attended the deceased from | | , 19 67, that (I) (we) las | | | | | | |
| RECTOR: 3 should divite the | saw the decepsed olive on 24 1967, and to 220. SIGNATURE | | 22b. DATE SIGNED | | | | | | |
| | 22c PHYSICIAN'S NAME (Type) TO SEPH G. LANZI | ELETON, MD. | 7 1 | | | | | | |
| TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fill | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 6-2-4, 67 TM MACOLATE ADDRESS | CONCEPTION CHERRY HI | (County) (State) | | | | | | |
| VR A15 (4) | 24. FUNERAL DIRECTOR PORCH TO HEAD ADDRESS P. P. P. IN FUNERAL HOME ELFTON | 1000 | ionles Judge | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08068 CERTIFICATE OF DEATH 08055 the death certificate be executed within 24 hours after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY papers. Pages 1 iin 72 hours after MARYLAND b. CITY OR TOWN (If outside carparate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give pearest town) the attending physician and completely filled in by sit permit. Then please remark carbon papers. Pr d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within YES | NO DO carban NAME OF Middle Last DATE Month Day Year DECEASED Type or print) DEATH 19/-SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED AGE (In years IF LINDER 24 HRS remaya birthday) Manths Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during mest of warking life, even if retired) INDUSTRY COUNTRY,? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo IS: WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, oil unimown) (If yes give wor or dotes of service) cremation, CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY QNSET AND DEATH requires that IMMEDIATE CAUSE (a) DUE TO buriol, Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse as the priar tal ar attending has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? this certificate YES T NO far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bida., etc.) O FUNERAL DIRECTOR: After at work 21. I certify that (1) (this hospital) attended the deceased fram. 30 . 1967 thot(11)(we) lost 1955, to. Page 4 may be retained shauld 1967, and that death accurred of 12.7 A. M. from causes and on the date stated above. saw the deceased alive and 22g. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should by 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (State) SMCEPTLOW 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR RESISTRAR'S SIGNATURE 2Sb. VR A15 (4) 20 M 1/66 DATEUL 5

